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Flight and Resettlement

by

H. B. M. Murphy

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Louise Pinsky, Sal A. Prins, Esther Ryssdal, Henri Stern,
Libuse Tyhurst, and Elizabeth Nagy.

Foreword by J. R. Rees, M.D.
Director, World Federation for Mental Health

Unesco

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Foreword

by
J. R. Rees, M.D.
Director, World Federation for Mental Health

It is an honour and a responsibility to write a brief preface to this book which Dr. Murphy and his colleagues have produced. I have been able to see the major part of the manuscripts and have found them to be very impressive in their scope.

The title of this book, Flight and Resettlement, *indicates that it is much more than a record of what has been observed or accomplished in the management of the grim problems of displaced persons since the end of the war in 1945. Most properly, Dr. Murphy has aimed at producing—I think for the first time—a document which has continuing importance for all who are concerned with population and migration problems, and with the mental health of those who, for various reasons, as individuals or in groups, are dislocated from their normal background and are compelled to face major readjustment of their lives. There have been a few serious studies made of similar groups in the past, as for example of prisoners of war. These were made after the 1914-18 war and again in much more detail and with far better validation, after the recent world war. The experience of what were called 'Civil Resettlement Units' in Great Britain at the end of the war, with the very thorough follow-up studies which were made by Professor Adam Curle some years later, demonstrated how problems which are in some ways similar to those of the refugees may be handled effectively.*

Returned prisoners of war, incarcerated for varying periods of time and suffering from the stresses of prison-camps, had a comparatively high incidence of psychological disabilities. Those who, of their own volition, passed through the Civil Resettlement Units provided by the British Army, were more satisfactorily re-established both in their remaining army service and in civilian life than those who did not choose to go through this procedure. The freedom within these units, the individual concern for the men, group discussions and re-orientation to civil life and industry had their effect.[1]

A great deal has been written about refugee problems in different countries, as Dr. Murphy's bibliography demonstrates. Up to date, however, very little has been done to pull together the specific knowledge of the mental health

[1] Adam Curle. 'Transitional Communities and Social re-Connection.' *Human Relations*, Vol. I, Nos. 1 and 2.

D. S.

problems, which are perhaps even more serious than the economic difficulties. We have reason to be extremely grateful to Unesco for sponsoring this particular work, and to Dr. Murphy for his vision and hard work. The authors have made wise use of the laboratory material provided by the catastrophic circumstances of the war and the post-war period.

Those who are concerned with the problems of displaced people in any part of the world, whether at the stage of flight, or removal from their own country, or in the period of resettlement in some new environment, will be grateful for the help and insight that this book provides. Those dealing with smaller, and what are often thought to be more ordinary, problems such as those of long-term stays in hospitals for mental illness, for tuberculosis or for incurable disabilities, will also appreciate the findings and comprehension of the various contributors to this book. These problems are all related.

The various chapters of this book cover a wide field, and demonstrate very clearly the magnitude and severity of the problems that we have to face at the present time as members of a world community. Wisely, some of the contributors deal with the psychological problems of refugees from the angle of depth psychology. At the same time the book provides understanding statements of the situation which will be useful to everyone, whatever his technical background, who is concerned with easing the adjustment of individuals and groups, and preventing or modifying the pathological reactions to which they are liable.

In the two years preceding the International Congress on Mental Health which was held in London in 1948, a large number of professional people from many disciplines working in different countries had been attempting to understand the main problems of mental health and ill-health which concerned the world society. Their work, studied by an international preparatory commission, led to the production of a statement on 'Mental Health and World Citizenship' in which a number of recommendations were made. The first of the international recommendations on the list concerned the mental health problems presented by Germany and the German people. The second dealt with the problems of displaced persons and read as follows:

'2. (a) That the Specialized Agencies of the United Nations continue to give urgent consideration to the mental health problems of displaced persons, transferred and migrating populations, homeless children, and others constituting the human aftermaths of war.

'(b) That recognition be given to the initiative shown and the enormous amount of work accomplished by national and local governmental and voluntary agencies in this matter.

'(c) That this work be encouraged and extended.

'(d) That close contact be maintained with all such local agencies, and arrangements be made for continuous exchange of information, so that activities may become part of a co-ordinated effort.

'(e) That immediate steps be taken to provide basic living requirements for all displaced persons, and protective measures adopted to minimize the adverse effects of social disturbances on mental health.

'(f) That national agencies be urged to do everything possible along these lines in their own countries.'

These recommendations were adopted by the congress, and the World Federation for Mental Health, which was established at that time, has since attempted to secure their implementation. As a group, the federation has not had the means or the facilities to undertake the actual work of helping in the resettlement problems. Much of this work has been and still is being done extremely effectively by organizations working in connexion with refugee camps and in receiving countries. Constant reminders have been given to societies and organizations in receiving countries of their opportunity to do effective work in helping with the problems of resettlement and in preventing the development of further traumatic stresses amongst the people who have come to their countries. No one, however, can be satisfied with what has been attempted and indeed we have reason to fear that an attitude of laisser-faire *—and sometimes of inertia—has prevented people from doing a good deal which might have been helpful for these new settlers. The need still exists, and the opportunity also. This book makes a valuable contribution to our understanding and can help towards far better work in this field.*

Symposia are often rather disjointed; this symposium seems to me to be an exception, for Dr. Murphy has skilfully contrived continuity in the theme of the book and has avoided much of the overlap which might so easily have occurred. This book was badly needed, and we owe a debt of gratitude to its authors and to the United Nations Educational, Scientific and Cultural Organization.

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INTRODUCTION

The Extent of the Problem

by
H. B. M. MURPHY

When populations are uprooted and moved to some distant land, the process has lasting effects both on society and on the individual. We know a good deal, for instance, about the importance in history of the migratory hordes from Central Asia, and at the opposite pole we are learning much today about the effect of voluntary migration on the health and stamina of the individual migrant. But an important aspect of which we know much less is that of the personal effects of forced migration.

The situation is understandable. The academic study of historic migrations and the sympathetic investigation of immigrant personality are matters which carry little emotional colour and which also fairly easily evoke official support. But flight and the compulsory displacement of populations engender a considerable amount of contemporary feeling, and this has tended to affect both social attitudes and individual objectivity. Countries which initiate or permit mass displacement are naturally disinclined to have dubious policies put under the microscope, and even where reasonable objectivity might be permitted it is often difficult for the observer to attain it. Hence we have virtually no information about the personal effects of the transfers of population which have for centuries been accepted as part of Russia's imperial policy, and even as recent an upheaval as the Turko-Grecian exchange of populations in 1923 appears to have little serious study. A further difficulty is that of distinguishing between the different degrees of compulsion and willingness. In the United States, for instance, there is considerable information on the nineteenth century Irish immigrant, but it is difficult to say whether that migration should be called mainly voluntary or forced. The present time is thus almost the first occasion on which it has been possible for the personal effects of flight and forced migration to be investigated.

The arguments for such an investigation were initially derived from what we know about the general immigrant. We know that as compared with native populations the latter shows higher mortality, suicide, and mental hospitalization rates, that he tends to cling to the cities and eschew pioneer situations, and that his children tend to show some cultural disinte-

gration, with increased criminality.[1] All these effects are relatively small, but it is presumed that they are produced by certain strains associated with difficulties in breaking away from an old culture and becoming established in a new one. It is further presumed that refugees experience very similar strains, though of a more severe nature. This leads us to expect that refugees will show to a greater degree the same weaknesses as are found in general immigrants, and the degree to which this is occurring has at least merited enquiry. More recent studies, however, give us more positive grounds for disquiet. One of the obvious points which distinguish the refugee from the voluntary migrant is that the former is much more likely to have suffered hunger or starvation. But starvation has for long been suspected of being able to produce permanent bodily and mental changes. The classical Minnesota experiments[2] were naturally not pushed to the point where irreversible changes might be expected to occur, and most of the other notable investigations of starvation did not have lengthy follow-ups, but the recent Danish study of concentration camp survivors [31][3] is remarkably apposite. In this study, 572 members of the Danish resistance movement who had been interned in Germany during the war were examined on repatriation and followed up for a period of over two years, a small sample of them being seen again at the end of four years. Although the period of internment was relatively short, averaging less than 18 months, and although the Danes were unusually fortunate both in the food they received from the Red Cross towards the end of their internment and in the conditions greeting them on release, over 20 per cent of them were still found to be suffering from severe symptoms two years after repatriation, the majority of these symptoms being mental ones. Of the 23 cases followed up for longer, nine still had severe symptoms at the end of four years. (Severe in both instances meaning symptoms causing real distress or causing essential impairment of working capacity.) Whatever mechanism may be thought to have produced this impairment, it is clear that a majority of ex-concentration camp refugees and a considerable proportion of other displaced groups should be considered liable to show a similar condition. Since, as this book will show, there is now more direct evidence that refugees suffer from some impairment of their ability to adjust to new conditions, the question arises as to what extent the condition exists in the world today.

It is a very difficult point to answer: no final answer is possible until much more investigation has been carried out. Yet the matter is not without immediate practical importance. There are countries today in which a majority of the population have been recently displaced—Germany and

[1] Jurgen Ruesch. *Acculturation and Illness (Psychology Monographs)*, vol. 62, no. 5, 1948.

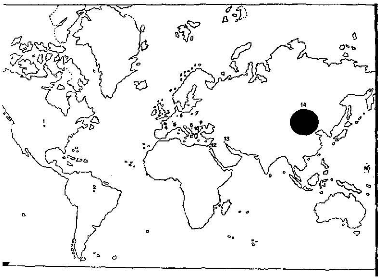
[2] Schiele and Brozek. '"Experimental Neurosis" resulting from Semi-Starvation in Men', *Psychosomatic Medicine*, vol. 10, no. 31, 1948.

[3] The numbers in brackets throughout the book refer to the books on refugees given in the general bibliography at the end of this volume. References to papers not dealing with refugees are given individually in footnotes and these papers do not appear in the bibliography.

Poland, for instance—and there are other countries relying to a considerable extent on refugee immigrant labour to develop their new industries. It is clear that, if such countries embark on accurately devised economic plans, these may be upset if the labour on which they depend cannot maintain anticipated standards of production. Or to take another angle: if refugees involve abnormally high rates of general and mental hospitalization, then hospital bed requirements in these countries may need to be considerably revised. Fortunately, these examples themselves permit us to delimit the field to a considerable extent, at least as far as practical action is concerned. There is little point in discussing the presence of this sort of refugee problem for a country in which such factors as we have mentioned are only the least of the imponderables present. In China, for instance, the 30 million refugees reported in 1937 as a result of Japanese action are, as refugees, probably of no importance to that country today. Disease, famine, war and political movements are uncontrolled factors of far greater importance to both the country and the individual than the factors we have just been considering. But even if countries such as China, Russia, Poland and perhaps Turkey are excluded from our calculations on these grounds, there still remain many other difficulties in estimating the extent of the refugee problem today.

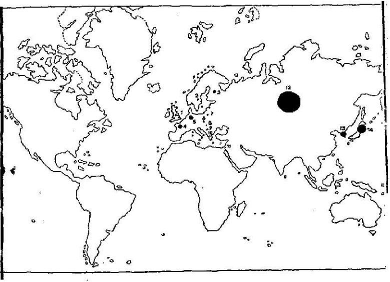
In the first place, there is the question of the amount of disturbance needed to produce what, without defining it, we may call the refugee state. At the end of the war there were, excluding Russians and Poles, three and three-quarter million foreigners in Western Germany, most of them brought there for labour at least a year and sometimes as much as four years previously. Nearly all were repatriated to countries which fairly rapidly returned to pre-war conditions and which have not reported any disturbance among these repatriates. Yet the Danish study just quoted might suggest that there was disturbance present if only it were looked for. At the same time there were at least twice as many Germans and *Volksdeutsche* who had been transplanted during the war in an attempt to consolidate territorial gains, and who were once more disturbed and thrown back into their own country (or country of racial origin for many who had been born outside the Reich). Finland and Holland found themselves with different types of refugee, the one displaced by the Russian annexation of Karelia, the other by the sea, but both types belonging to fairly rich farming communities and finding it difficult to settle in other areas of the country with different soil and poorer prospects. Some of these groups have been labelled refugee, some not. In the majority of these cases the country's economy and public health are sufficiently highly developed for any refugee problem to carry weight, but it is clear that the recognition of such a problem depends to a large extent on how self-conscious or how blind, perhaps, each people is. The majority of countries have not admitted their returned concentration camp survivors as any problem, but it did not need the Danish study to tell us that this was an irrational and emotional reaction to a painful situation.

FIGURE 1. Distribution of refugees in 1939.



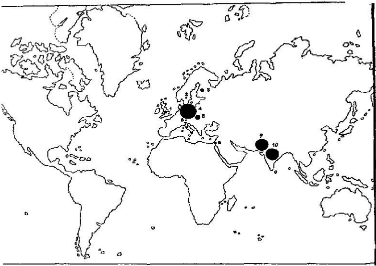
1. U.S.A. 40,000.
2. Latin America 45,000.
3. U.K. 44,000.
4. France 301,000.
5. Belgium and Luxembourg 32,000.
6. Germany 35.000.
7. Poland 88,000.
8. Yugoslavia 27,000.
9. Rumania 17,000.
10. Bulgaria 30,000.
11. Greece 27,000.
12. Palestine 50,000.
13. Iraq 20,000.
14. China 30,070,000.

FIGURE 2. Distribution of refugees at the end of the war.



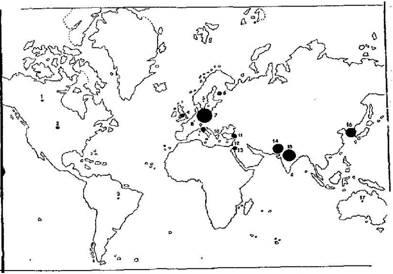
1. U.K. 200,000.
2. Sweden 100,000.
3. Finland 400,000.
4. France 1,500,000.
5. Germany 1,500,000.
6. Czechoslovakia 135,000.
7. Poland 94,000.
8. Hungary 16,000.
9. Yugoslavia 204,000.
10. Greece 12,000.
11. Palestine 70,000.
12. Russia 12,000,000.
13. Korea 2,000,000.
14. Japan 3,500,000.

FIGURE 3. Distribution of refugees in 1947 (the beginning of IRO).



1. U.K. 300,000.
2. Sweden 50,000.
3. Finland 400,000.
4. Germany 9,750,000.
5. Poland 600,000.
6. Austria 33,000.
7. Italy 30,000.
8. Palestine 100,000.
9. Pakistan 4,000,000.
10. India 4,000,000.

FIGURE 4. Distribution of refugees in 1952.



1. Canada 126,000.
2. U.S.A. 330,000.
3. Brazil 31,000.
4. U.K. 400,000.
5. Sweden 45,000.
6. Finland 400,000.
7. Germany 9,400,000.
8. Belgium and Luxembourg 65,000.
9. Italy 570,000.
10. Greece 34,000.
11. Turkey 994,000.
12. Israel 150,000.
13. Jordan 400,000.
14. Pakistan 4,500,000.
15. India 7,000,000.
16. Korea 4,000,000.
17. Australia 185,000.

The next difficulty lies in how long one is to chose to regard any group as refugees. Supposing we accept all the above examples as within our category: for how long do we hold them there? The aforementioned effects of general immigration have been shown to continue in diminished or modified form into the second or third generation.[1] On the other hand one is struck with the apparent ease with which communities demoralized by the war have regained their previous standards and tempo of living within less than five years.[2] To a certain extent we may follow the attitude taken by their own people towards these groups. If they are continuing to be regarded as refugees, then presumably they are in a certain sense of the word still unassimilated. But where a group's refugee status is quickly forgotten by themselves or their neighbours, can we be equally sure that they have lost all their distinctive qualities? The haste with which countries disowned a concentration camp survivor problem may be duplicated by a similar haste to deny a refugee problem, even though the latter has once been accepted.

These difficulties may, in theory, be solved in time with the aid of careful investigation; for the present we can, again in theory, chose which criteria we prefer, and then state the size of the problem within these limits. Our third difficulty, however, is that no matter what criteria are chosen, there are considerable variations in the suggested figures. No two authorities ever seem to give the same totals with regard to refugees. Even figures for Jews, certainly the most studied and documented refugee group in the world today, vary with every paper one picks up. One of the causes for this is that refugee populations tend to move rapidly. Where in ordinary population studies a difference of a year means only a small, calculable, difference in numbers, with refugees it may mean a doubling or a halving of some totals, particularly at the beginning or end of a war. All countries and all areas of a country do not record or estimate their immigrant or refugee populations at the same time, and totals like those given for 1939 may for one country represent a census taken in 1938, for another an estimate early in the year, for another the police records a day before the outbreak of the war. Again, the basic records on which such statistics are built are often records of migration, with usually no indication of how much of a migration is really re-migration. With normal conditions this can be allowed for; but with the great disturbances which usually accompany refugee movements, little agreement can be obtained as to the size of the allowance to be made. For these reasons the totals of refugee movements suggested in any statistical analysis can only be vague approximations.

The accompanying tables and figures are designed to show in what way the present refugee population of the world has been built up. There are five main groups: the pre-war White Russian, Armenian and Spanish;

[1] Ruesch, op. cit.

[2] I am particularly thinking here of the city of Naples, which I knew in the months after its capture by the Allies, and lived in again six years later.

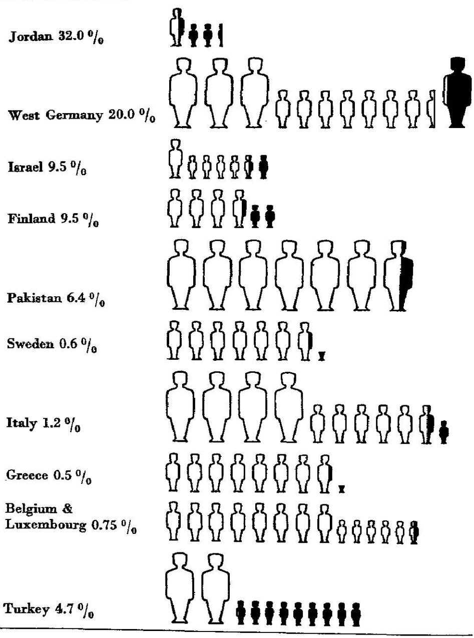
the end-of-the-war repatriates; the displaced persons remaining after repatriation had finished; the anti-Communist East Europeans who added themselves to the D.P.s after 1948; and the groups—Indians, Germans, Finns, etc.—produced by post-war political settlements. These groups show differences in their formation and treatment; hence one might expect to find some differences in their later adjustment and response to resettlement.

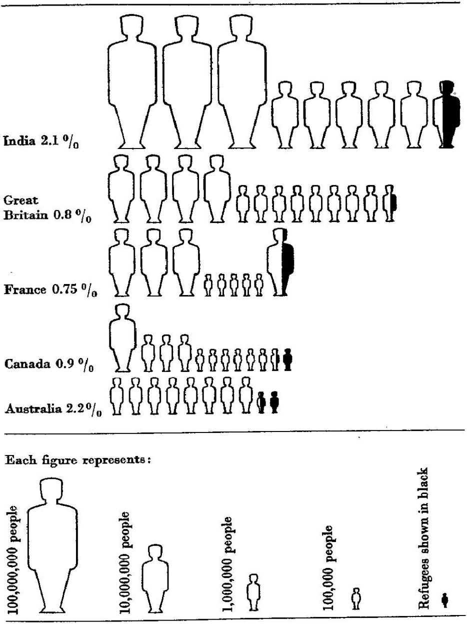
We may summarize the differences as follows:

Group I *Pre-war*	Group II *Repatriates*	Group III *D.P.s*	Group IV *Anti-Communists*	Group V *Population transfers*
Loss of homeland	No loss of homeland	Loss of homeland	Loss of homeland	No loss of homeland
Many years of moderate persecution	A few years of often severe persecution	A few years of often severe persecution	Short period of limited persecution, or none at all	Short period of limited persecution, or none at all
No specific claim on receiving country	Full specific claim on receiving country	No specific claim on receiving country	Slight claim on receiving political group	Full claim on government of country
Very long period of statelessness perhaps continuing	No real period of statelessness	Average of five years of initial statelessness perhaps continuing	Short period of statelessness to date, probably continuing	No period of statelessness
Usually no government organized resettlement	Usually no organized resettlement	Resettlement usually organized	Resettlement usually organized, but less than for D.P.s	Resettlement often government organized
Unstable home political background	Usually stable home political background	Usually very unstable home background	Usually very unstable home background	Home background variable

These groups are not watertight. The anti-Communists are usually classed as D.P.s for the purpose of resettlement and so are some of the pre-war parties. Also, an individual may have been a repatriate and may re-appear as an anti-Communist or D.P., thus having a slightly different background from that suggested above. But the categories are fairly clearly definable and useful to keep in mind.

FIGURE 5. Distribution of refugees in relation to population of individual countries (1952).




India 2.1 %
Great Britain 0.8 %
France 0.75 %
Canada 0.9 %
Australia 2.2 %
Each figure represents:
100,000,000 people
10,000,000 people
1,000,000 people
100,000 people
Refugees shown in black

With our present knowledge we cannot say which of the factors mentioned in the table above, if any, is most likely to produce mental or social sequelæ, but where sequelæ are found in one group there should be care about predicting them in another.

The distribution of refugees varies fairly rapidly in certain areas. As I write, the newspapers report tens of thousands of refugees crossing the border of Western Germany every month; the position of South Korea is unknown; and overseas resettlement of anti-Communists is still going ahead, though at a lesser rate than in the IRO time. Nevertheless, it is clear from the diagram on page 20 which are the countries possessing the highest percentage of refugees, and hence which are the countries in which a refugee problem is most likely to exist. As noted previously, the degree to which the problem is felt will probably vary with a country's degree of self-consciousness. Nevertheless, these data should enable one to appreciate how extensive the distribution of refugees is today, and how intensively it may affect certain countries.

The present book deals almost exclusively with the D.P. type of refugee who has lost his homeland and who must seek resettlement among people of a different culture. There are various reasons for this. In the first place there is little difficulty in obtaining agreement as to whether they should be called refugees or not (although the question is not always as clear as it might appear). In the second place, it is fairly easy to define them and to trace their history; we have quite elaborate data from the IRO reports, and this covers most of the group. Another reason is more personal to myself: when the book was conceived it was my belief that loss of homeland was the most 'traumatic' of the experiences which refugees undergo, so that to include a discussion of refugees who had not lost their homeland seemed to confuse the issue. The final factor in the choice lay in the fact that it was easier to find objective studies, or fellow-workers able to assess their observations objectively, in relation to this group than in relation to others who had been largely reported on by their own countrymen. In thus restricting our scope, it is appreciated that we have left out of consideration the largest and most politically disturbing refugee groups in the world today. In some ways this is regrettable. Certain of our observations—for instance those on camp life—will apply as fully to one type of refugee as to another, but many of our conclusions cannot be applied to other groups without great caution. On the other hand, it may be felt that greater clarity has been obtained. The conclusions which this book offers can be assumed to apply to the great majority of the D.P.s and pre-war refugees now scattered throughout the world, and to a majority of the countries which have sheltered them. Similarly they can be expected to apply, but to probably a lesser extent, to resettled anti-Communist refugees. With other refugee groups, they should be looked for, though it would be wrong to presuppose them.

PART ONE

The First Steps

CHAPTER I

The Individual in Flight

by

S. A. Prins, M.D.[1]

Most groups on the Nazi blacklist had many years of gradual warning about what they might expect. Jews, socialists, trade unionists, freemasons and many others had witnessed from over the frontiers what happened to scapegoats. Why then, when the Nazis seized Holland, did only relatively few in those groups act upon the wish to escape, except through suicide? It is a strange fact that of all my friends and acquaintances I was almost the only one who took the full consequence of quitting Holland altogether. Doubtless many others knew what was going to happen just as well as I did, but I think a certain preparedness of mind was needed to make the decision. The obvious cause of my leaving was of course the danger of life—a good enough reason not to be called a mere pretext—but behind this loomed my state of mind, 'abstracted' from the danger, from the surrendered country, from the very Germans who hunted me. I wanted to go away from the dangerous vicinity of the enemy, certainly, but in the first place I wanted to flee from myself. There existed a psychological coincidence of inner and outer causes which made flight an imperative necessity for me in a way that others in a similar position did not feel. People who lacked this peculiar condition of mind *did* want to go, but found all sorts of excuses to delay their actual departure. With their intellect they acknowledged the need to escape, but with their innermost heart they were tied to their homes and unconsciously preferred death to leaving. (Many of them got what they wished for.)

After my flight brought me to my final goal the recognition of these facts forced on me the difficult but inescapable task of finding out why I had fled. If my main motive had been fear for my life, why had I not fled earlier? It was early in the mid-thirties when I made serious inquiries about the possibility of leaving the country and settling elsewhere, and yet I had stayed for one-and-a-half years after the Nazis arrived before I finally, voluntarily, disposed of my practice and contacted resistance escape channels. At the time, rationalization had produced many reasons for staying. In the first place I was a reserve medical officer in the army, and therefore

[1] This chapter has been printed substantially in the form submitted by the author, without editorial revision.

under military discipline. Belonging to this highly organized and disciplined body had, at the crucial moment of the surrender, provided the necessary strength of mind to preclude final thoughts of suicide. Moreover, a strong feeling of rehabilitation through identification was created by belonging to an institution which we knew to be respected more than anything else by our enemies—an army. Increasing my attachment here was the fact that I had done my duty during the short campaign, enduring what the enemy dealt us in the way of shells and machine-gunning, so that I must have felt 'courageous' whereas I had been revolted by a high-ranking medical officer, also Jewish, who had shown a neurotic fear all through the nine-month mobilization period and was conveniently ill whenever danger threatened. Being a doctor was also offered as a reason. I think the ancient consciousness of having a calling, and therefore being unimpeachable, gave doctors a feeling of superiority overcompensating for the knowledge of having been conquered. And at first we were able to pursue our work in spite of hampering restrictions, for it was only in February 1941 that a notice was sent to everybody exercizing a profession requiring an oath that as from May 1941, Jewish professional people would be allowed to practice among Jewish clientele only.

These rationalizations doubtless played a part in restraining me from taking flight earlier, just as the above edict helped to decide the date at which I disposed of my practice, which had almost no Jews in it, and first made attempts to contact the resistance circles. (It took me six months to do this.) The more relevant reasons, however, lay deeper in my personality, although their significance was only recognized later.

The first of the possible underlying motives for my flight which struck me when I came to consider the matter was a desire for that free and adventurous sort of life which so many crave for in their youth, but which is impossible owing to the opposition of parents and authority. From the moment I left my house after a visit from the security police I felt myself to be a real outlaw. Everything I did was forbidden. I lived with non-Jewish people; I ate without giving points; I travelled by train without special permit; and I crossed frontiers without any papers or with forged ones. From being a decent, law-abiding, tax-paying citizen I became a deceiver, an actor and impersonator, a tramp. I did not care any more for comfort, hotels, beds. Fleas were common company, general hygiene was abolished, food was taken when there was some, or done without. The unconscious source of this behaviour seemed to be found in an opposition to one's parents, who were always most strongly opposed to naughtiness of this kind. Hence the flight could be regarded as mainly a narcissistic desire to do the forbidden thing and to show that one can do things by oneself.

If this were the main reason, then the cause why some people did not have the initiative to leave would be explained. Escaping from one's country involves a severe emotional trauma, which I would like to compare with

the severing of the umbilical cord in the well-known real birth trauma. Without the unconscious desire or the ego strength to revolt, many people would not have the power to undergo this trauma, however cogent the conscious reasons might be. Among my friends and acquaintances those who did not flee seemed to fall into four main categories. First there were those who committed suicide on the very night of the surrender. They saw the need and they found their refuge, but the panic-stricken way in which it was attained showed that an unreal and unreasonable anxiety had them in its grip. It may be said that they had defied their superegos, but were too guilty to stay and enjoy their triumph. The second category may be called the 'resigned'. Dr. X., with whom I discussed my plan of escape, pronounced it ridiculous, and criticized my leaving home and family. His sons survived by taking the same course as I did, but he made no such move and was murdered, with his wife and daughter. The third category may be illustrated by another friend, fully non-Aryan like Dr. X., who wanted to stay, believing he could find a way to outwit the Nazis. He did, and helped a vast number of people; and he suffered but survived. He belonged to the relatively numerous Jewish resisters. Finally, another friend, half-Aryan, thought it good policy to stay 'to cause trouble to the Germans'. I do not know whether he created any notable problems for them, but I am inclined to believe he did not. He was saved because he was never seriously persecuted; and I think it a sound conclusion that he was more nearly a collaborator than anyone else I called my friend. These latter cases were all professional men of high standing and with some international renown. They did not lack conscious difficulties in addition to those created by the Nazis—I know they had them—but apparently none of them had unconscious conflicts similar to mine, and in consequence they did not have the urge to go, to leave, to run.

In my own case, however, desire for adventure seemed an inadequate explanation. There was my proved adaptability to a quiet, settled, professional existence. There was also the fact that had I succeeded in flight at the time, there would have been no significant change in my status, only the location of my activities would have been changed, by several thousand miles. So I had to look for another unconscious motive for flight, and I arrived at it with the greatest reluctance. It is not pleasant to learn that the flight alleged to have been a matter of life itself was actually a matter of flight from oneself. For me, however, this conclusion was inevitable. I now know that deep inwardly I never intended to return.

The causes that led me to seek flight from myself as I then was are deeply personal and still painful to discuss, but some of them must be mentioned here otherwise the incentives to flight in cases such as my own will not be fully understood.

My Jewishness had been emphasized for me at the age of six by certain anti-Semitic experiences, and this sense of isolation or minority feeling had been reinforced later, at the age of 10, by a sense of personal isolation

arising from an attack of polyarthritis plus chorea. Hence in my flight I had the urge and the opportunity both to express the self-assertion of the Jewish 'underdog', and to disprove the weakness of the sick child. Further, the dual loyalty which had developed in me, first to Jewry and second to Holland, could be disproved or denied by arguing 'See how Jew and Gentile united want to sacrifice their lives for Holland'. Other double loyalities which the flight promised to solve were related to my professional life. When young I had forfeited my greatest natural talents by not studying music in a professional school, but instead by taking the medical profession as my life's occupation. Later, I had within medicine always wanted to specialize first in ophthalmology and then in psychiatry, but economic factors made it necessary to enter general practice after graduation and licencing. For a long time mere dabbling in psychoanalytical literature had to be a poor substitute for psychiatry, and the only possibility of entering that speciality seriously lay in breaking all ties with an established G.P. existence. Such breaking also, as the event proved, made possible the expression of the narcissistic artist through making music with professionals and, in England, before critical audiences.

Finally, the events which probably were mainly decisive in the last stages were the breaking up of a marriage which had been entered into as a defiance of parental opposition, and a serious conflict with 'the profession' over ill-understood pseudo-psychiatric advice. These seem to provide the most glaring evidence in support of my conjecture that ambivalence towards parental figures prompted the 'flight' with more force than other unconscious motivations. Beside the wish to escape from an untenable marriage, there was the unconscious need for belated revenge on the parents who had been right in objecting to the marriage in the first place. I turned my back on fatherland and mother country, but at the same time demonstrated the ambivalence by putting everything I had to offer at the service of the land's mother, the Queen.

The process of flight itself requires attention separately from the motives initiating it. Something happens to a person the moment he changes from decent law-abiding citizen to an outlaw minus papers, forced to be an impersonator or even a tramp. He tells lies to the ruthless enemy at every contact, in dealing with the 'underground' he pleads, he begs, or persuades that he is on the 'right side'. Everything is upside down; legal authorities are wrong; he of the little minorities is right.

What becomes of the lopsided ego? Can it be that we were all acting out the never dissolved conflict of our childhood entailed in 'giving in'? Is it possible that our parents of the past were translated into the horrible enemy-authority, and that in thwarting him we actually took our final revenge on the resented early authority? A few events in my own flight can, as will be shown shortly, be fitted into this hypothesis. Certainly, one frequently came across the need for atonement. This might be said to appear in the fact that sexual feelings and needs were decreased almost

to the point of non-existence. The most obvious reason for this seems to be that the generically much older drive for self-preservation has priority and no room is left for pleasure, but it might also be explained as a form of atonement by the elimination of the most frowned-upon instinct, sex. A childish appeal may be no less an argument for a man 'See, father, I ran away and I was a bad boy; but now I am a good boy, without sex!'

The need for comradeship with other escapees is a more obvious instance of the need for atonement. With siblings ('they do it, too') one does not feel unduly guilty. My companions were a regular army officer and a regular flight sergeant, both sought by the Nazis because of underground work and both with a price on their heads. No special effort was required to ignore the divergences in our former ways of life—upbringing, religious and political convictions and the like. In every acute or critical situation we clung together like loving blood-relatives. Never did it occur to one of us to abandon another to a personal fate. For instance, once our lives were in immediate danger at the demarcation line between occupied and unoccupied France. We were within firing range of German guards who were so frightened in themselves that they often shot without aim; but we planned together and found a way out. Later, when we fell into the hands of the French (Vichy) Special Police and were sent to one of their notorious labour camps, again we co-operated closely to outwit our guards, escape, and find our way to Lyons and people friendly to the Dutch. It is possible to see unconscious homosexual needs, sublimated and probably taking the place of the temporarily silenced and genetically younger heterosexuality, in this siblings unity, while we were running away from the bad castrating father to the good Queen mother.

But not all relationships between refugees or escapees are those of loving siblings. On the contrary, those who had found comparatively safe shelter in the south of France during the days of the bombing and the shells saw in us only intruders upon their small, isolated and illusory realm of liberty and security. Their bread was scarce for sharing, and their already meagre rations might be cut. They were distrustful and hostile and selfish. Fear and aggression were expressed in deceitful and dishonest behaviour. Hoarding and cheating, lying and simulating, malingering and even stealing were more common than otherwise. When I reached England, something of the same attitude was shown us later escapers *Engelandvaarders*[1] was the untranslatable term for us by those who had reached there in the early days. Two conclusions may be drawn about these people: first, they expressed unconsciously a deep self-hatred; and second, they identified themselves with the loathed enemy from whom they had escaped. Only in this latter way could they bear their self-hatred and increase their deflated self-esteem.

For myself, I believe that many of my activities can be ascribed to a

[1] Literally, 'England-sailers'.

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similar self-hatred, born from a number of factors including guilt about running away, superego-ambivalence, and loss of individuality. One such activity attributable to this was the writing of self-derisive poetry. Other activities seem to have been defence techniques against this self-hatred; the accepting the role of 'camp doctor', for instance, the starting and continuing of a diary on my flight (seeking security in orderliness, no doubt, but also registering a quest for immortality in case of fatal end to the adventure); and making music and poetry when the opportunity arose. I think all these represented a narcissistic attitude braced against self-hatred, and at the same time a defence against the guilt which persisted at having rejected one's parents. Writing lyric poetry under such circumstances was partly accounted for by other unconscious factors as well, of course. It was certainly daydreaming a way out of misery, as one does when watching a film. Writing amateur poetry also proved an almost irresistible lure back into adolescence and the charms of being a boy again.

There were other regressive symptoms during the flight. My southward trek was stopped at Toulouse, where after months of exploration I turned north again for Switzerland, repelled not only by the knowledge that only Jews with ample financial resources could get through Spain and Portugal, but also because the Dutch consul there was a 'bad father'. Arriving in Switzerland I found myself eating heavily of sweets and pastries; I drank moderately by most standards, but more heavily than had been my wont, and I smoked the same way; also, I took a childish pride in my French, which I spoke with more correctness and fluency than most of my compatriots; and I had a severe emotional reaction to a dental operation. The oral character of these symptoms of regression is now obvious.

In passing through these stages, music played an important role for me, both in guilt-atonement and in alleviating self-hatred by permitting self-assertion on the part of the artist-narcissist. Almost my first act during these three months of waiting and trying and trying and waiting was to hire a violin. I sought the acquaintance of a lady compatriot living in retirement there after a long and successful career as a concert pianist, and almost daily I practised and played with her as my accompanist. Thus I regained some lost self-love—although on the conscious level, of course, I was simply enjoying making music with a partner of such high standing.

After I crossed the Swiss border there was sufficient opportunity to observe the reactions of young people so similar to those I myself had gone through. In Switzerland the normal Netherland embassy was functioning, with a military attaché who for us reserve or regular soldiers represented something fairly close to an ideal father figure (he acted it, too!). From the behaviour of my younger fellows there (I had just reached the age of 40) it is reasonable to assume that their unconscious flight motivations were similar to mine, i.e. mostly of a superego character. But

their plight was more poignant, since the majority of these younger men and women had not been under an urgent need to leave the fatherland; they did not belong to any of the specially menaced groups, as I did. One youngster of 17 had evidently run away because his prospects of passing his high school examinations were unfavourable. (His guilt-reaction was interesting; soon after his safe arrival in Switzerland he began a zealous study of Spanish as a disguise for his real, but unconscious, reason.) Whenever things did not proceed for those young people as they expected or would have liked, they felt lost—the world (mother in London) did not care for them; they were worthless; their flight was unjustified. In a regressive, oral-aggressive way they dramatized their feelings of dejection and rejection. They went on drinking sprees, smoked excessively, indulged in banquets and brawls and 'red light' establishments. Gossip was another oral-sadistic pattern frequently observed; or the most improbable feats would be told over and over again. The need for this form of oral aggression went so far that indiscretions—from the security point of view—became so serious that in the end the neutral but pro-ally Swiss Government had to interfere. One seldom saw these compatriots at concerts or visiting libraries. What they did have was courage, sometimes even—tilting against the slow mills of war diplomacy—to the extent of trying to forge their own way through dangerous Spain with no help from the Dutch or British underground services. When they were stranded in the deadly Pyrenees, they struggled back to Switzerland and tried again. It seems clear in the light of the foregoing what unconscious motives really drove them on.

CONCLUSIONS

The unconscious factors *motivating* flight and the behaviour of the writer and of his fellows during flight have here been interpreted as constituting *a multitude of defence techniques* against the powerful and unbearable unconscious guilt over revolting. These mechanisms involve regression to different levels of psycho-sexual development in the well-known way found in psychoneuroses. But I want to stress the unconscious and archaic nature of these reactions and of the guilt evoking them. My father (who later died in the hospital barracks of the Dutch concentration camp, Westerbork, before he could share the lot of my sister and her family, who were sent to the gas chambers in Poland) was informed of my plans to leave the country, and approved wholeheartedly. We can thus conclude that being a rebel does not necessarily mean going against a father's wishes, but rather *going against one's own acquired superego*. Running away from home generates guilt over defying the stern and incorporated superego and since the superego is our unconscious conscience, the guilt of disobeying it has to be an unconscious one also. From there on the ego behaves exactly as it does when squeezed between disturbing id-drives and severe superego

controls, by using the whole gamut of ego-defence mechanisms whose excess crystallizes into a psychoneurosis.

One more reflection: would I, knowing the real issues, repeat the flight? I believe I would, all the more surely for having learnt many of the unconscious factors underlying the urge.

Private

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Voluntary flight. Moving out of a danger zone, these people are not yet refugees in the sense of the term used in this book. The act of leaving their homestead has been partly voluntary, and the significance of loss of country, if it ever comes to that, will not be felt for some time.

Associated Press, London

Involuntary displacement. The forced displacement of despised peoples carried the misery of persecution and the feeling of no-return. These are Russians or Ukrainians being sent to P.o.W. camps from the Eastern Front. In the extreme cold and without shelter, the majority of them were unlikely to survive the journey, while those who did survive it were likely to meet treatment almost equally harsh on arrival. If they survived that as well, however, they had a chance of being favoured by the Germans, who hoped that they might turn into satisfactory collaborators. Many Ukrainians did.

Associated Press, London

Refuge. On arrival at some place of safety the individual refugee becomes submerged in a sea of his fellows. Personal problems and personal differences do not count, as the great problem for both relief workers and refugees is to obtain food and shelter. But once submerged, the refugee's individuality tends to get forgotten, and when conditions get easier he has become merely one segment of an ever re-forming queue.

Imperial War Museum, London

Belsen Concentration Camp. Only a minority of present-day refugees experienced such a degree of persecution as this, for the majority so treated did not survive. For those that did survive, however, recovery was going to take years, even under good conditions, and the mental sequelae lasted longer than the physical.

Imperial War Museum, London

Concentration camp inmates. According to Bettelheim [20], one result of the concentration camps was the changing of the inmates into replicas of their guards. For those inmates who survived long enough, that result was reported to be almost inevitably attained. In reading about the Belsen D.P. camp and about the difficulties of resettling Jewish D.P.s in Israel, we must always remember the years of concentration camp conditioning which had to be undone before a normal person could be recovered.

Imperial War Museum, London

Concentration camp children. Niremberski [37], who visited Belsen when it was opened, reported that 'young children from 1 to 8 years of age exhibited no marked disorders and did not show fear or terror symptoms'. 'Children from 8 to 16 years of age were more precocious than normal children; they evinced fear reactions, but re-adjustment was reasonably fast.' The children in this picture were suffering from typhus.

International Refugee Organization

D.P. camp children. Mental recovery depends on suitable surroundings. These Jewish orphans could not help feeling unhappy and distrustful as long as their living quarters were surrounded by barbed wire. If they were not removed to better conditions soon, it is probable that they would run away, as Miss Pinsky describes.

Private

Children's centre. The loyalty of the children to each other was marked, within certain self-created groups. When a new child arrived or when one was due to leave, the whole group might become disturbed, might give themselves trouble to put the newcomer at ease, or might go on hunger-strike to try and prevent one of their number going. Although they soon came to like the adults looking after them, it was long before they came to trust them and it was usual, as illustrated here, for two or three to come along with any individual child being interviewed, just to see that he got fair play and was not bullied.

International Refugee Organization

A D.P. camp in Germany. Most camps consist of wooden barracks, tents, or, for the majority of D.P.s in Germany, *casernes* like this. In such conditions the feeling of loss of individuality is accentuated, for there is no possibility of making one's own living space any different from one's neighbours, and the drabness chokes all communal efforts to make the surroundings more attractive. Smaller camps with less solid accommodation are psychologically more desirable, even though their physical state may be worse.

International Refugee Organization

'Emigration at that time meant merely fitting into a plan for certain large companies or into some government project to increase population, both of them apparently preferring young unmarried people with strong muscles and less perceivable brains. A friend of the writer estimated that he had written about a thousand pages of letters, biographies, translations of documents, etc., before he hit upon a possibility.' And three years after the date of which Dr. Bakis writes, this D.P. intellectual was still writing applications.

International Refugee Organization

The disabled. The importance of giving just the right answers to a resettlement commission when one was disabled and would probably get no other chance of a new life.

Picture Post, London

'D.P. Apathy' or depression is well illustrated in this picture of a group of Estonians singing a national song as they see their compatriots set out for settlement. The occasion is naturally a melancholy one, probably meaning the splitting of families, but the general impression of sadness is one which was to be found in any Baltic D.P. camp in 1946 and 1947.

International Refugee Organization

Ready for resettlement. The difference from the previous picture lies deeper than the difference in situation and in nationality, although both these factors play a part. There is nothing in this picture of a very mixed group of D.P.s in an emigration camp to identify them as refugees, unless it be their clothing. They could be a group of workers or repatriates anywhere in central Europe. They are psychologically ready for resettlement and though they may later lose some of their present confidence they do not show here any of the stigmata of the typical refugee.

Straits Times, Singapore

En route for a new homeland—I. Conditions of transportation during resettlement are rarely comfortable, but the conditions of extreme regimentation which are necessary for the maximum use of transport space can be tolerated provided there is a definite end in sight. These vessels are much better than the emigrant ships of the previous century. Reactive psychoses do however occur, requiring a short period of hospitalization on arrival. More serious has been the potential risk to *infants*—at one period in 1949 there was an average of one infant death per trip on the IRO transports to Australia, later shown to have been preventable by better health measures.

International Refugee Organization

En route for a new homeland—II. For the disabled, resettlement cannot be approached without fear. These are some of the blind D.P.s, of whom Miss Ryssdal writes in Part Three, Chapter V. It took them a year more before thev were ready to adventure on their own.

International Refugee Organization

En route for a new homeland—III. For the mentally disturbed, resettlement has usually little significance, and there is rarely any opportunity for them to attempt it. Israel is practically the only state which has accepted mental patients such as these two, en route from Shanghai, and Israel is one of the states which can least afford to be burdened with them. Despite the trials which they had been through, few of these patients could be labelled psychogenic psychosis; cerebral syphilis was the commoner diagnosis in those who passed through my hands.

CHAPTER II

Reaching Safety

by
STEFI PEDERSEN

When trying to survey the confused picture of psycho-pathological symptoms appearing in refugees shortly after their arrival in safety, one can observe the following characteristics. At first, with the feeling of danger passed, most refugees and former concentration camp prisoners experience a free interval and sometimes react in a slightly euphoric way [27]. Then —after a few weeks, or months at the most—one can distinguish two disturbed groups. In the one, the reaction is predominantly to the sudden social displacement: in the other it is less to the change of environment as such, but nervous symptoms appear as a reaction to the experience of being close to or in contact with a superior hostile power. In either case the abreaction of the traumatic experience may make social adjustment difficult (case 4), or may be experienced as an isolated symptom without impeding the process of adaptation (case 3).

The first group shows a predominance of paranoid reactions which are often noisy and disturb the patient's environment, but in most cases are relatively harmless. Whether the refugee can overcome them depends—in my experience—not so much on his past, his intelligence or his social position, as on his age. Very young as well as elderly people have a tendency to remain paranoid, whereas middle-aged people seem to recover best.

The paranoid reaction is an attempt to re-establish contact with reality on a regressive magical basis. The refugee, having been forced, suddenly and unexpectedly, to give up all social relationships with his home country arrives helpless, without financial resources and without rights, in a new country. Quite often he is put to the necessity of receiving help from others—individuals or institutions—and he is often forced to live at a lower social and financial level than he has been used to. Moreover, he knows neither the way of living nor the general mentality of the new land. No contact is easy for him, either in his private life or in his work, and everything has to be built up again from the bottom. The feeling of being unwelcome is general with all refugees, and none of them can escape it completely. The paranoid reaction is to reverse this situation: to take the refugee away from the outside of things and put him in the centre. He is no more an anonymous person, he is the focus of people's attention. His

uncertainty and hostility is projected onto the strangers on whom he is *dependent*. *As the victim of their intrigues* he has the right to accuse them, and this gives the refugee a quite considerable narcissistic satisfaction.

The following case history shows a slightly paranoid reaction in a woman who otherwise behaved quite normally. It also shows how such reactions have a tendency to spread and must therefore be stopped as soon as possible.

CASE 1. A woman, 30 years old, who had been in Sweden for several months, complained that she never got the right change back when she went shopping. Whenever she went into a store, all the other customers were attended to ahead of her. One day, she said, a clerk in a large department store had indignantly turned her back on her when she asked to buy something. When she looked more closely into her way of conducting herself she discovered of her own accord that it had really been her own behaviour which had produced the treatment she had experienced. She would stand uncertain and embarrassed in the background and let the other people go ahead of her. When she went to ask for what she wanted, her voice became so uncertain and indistinct that it was probable that the very busy department store clerk had not understood that she was saying anything at all.

This patient felt as though the general attitude towards refugees in Sweden was just as she had judged the conduct towards herself to have been—unjust, degrading, and ostracizing.

She completely lacked insight into her difficulties. She first visited me to discuss problems which her daughter was having at school, but it became obvious that the daughter had adopted a paranoid attitude from her mother. The child felt that she was being badly treated both by other pupils and by the teachers. When the mother clearly understood her false evaluation of the real situation not only her own paranoid attitude disappeared, but the child's as well, without the need for further treatment.

An important factor in the development of the paranoid reaction is ignorance. Even during the first world war it was observed that prisoners living among people whose language they did not understand felt pursued and convinced that people wanted to kill them.[1] Every day less drastic instances of misunderstanding arise out of the refugee's ignorance.

CASE 2. A young refugee girl complained that a Norwegian family with whom she worked several days a week did not like her, and she thought they were wanting to be rid of her. Had they been unfriendly to her? Oh, no. After some hesitation she said: 'I get nothing but fish for dinner; and they do that because they don't want to cook proper food on the days when I am in the house.'

[1] R. Allers. 'Über psychogene Störungen in sprachfremder Umgebung', *Z. f. d. ges. Neur. u. Psychiat.*, 1920.

That young girl did not know that fish is a common, everyday, food in Norway, whereas in her country it is not regarded as 'proper' food at all. But in her case there was also a degree of projection, for she would rather be going on with her studies than doing such housework. When, after some time, that was made possible for her, her paranoid reactions disappeared.

Such paranoid reactions are typical not only of refugees, but of most groups of immigrants as well, and as such have been mentioned by many writers.[1] In their more acute form they will be reverted to later (see Part Four, Chapter III). The best way of preventing them, apart from psychotherapy, is the distribution of abundant information about the refugee's new environment, cultural as well as material. And of course the refugee must learn the new language, otherwise he will remain helplessly isolated.

Whereas the paranoid reaction is a characteristic shared by refugees and immigrants generally, the second type of reaction, which is marked by the traumatic experience of the enemy, has many points in common with the war neuroses found in soldiers. To the second group belong the refugees who had been in special danger before and during their flight and those who had taken active part in underground work. Here belong also all former concentration camp prisoners, who throughout a long period of time were exposed both to psychological and to physical stress of a degree that these who have not experienced it themselves can hardly comprehend. The feeling of abandonment and impotence in connexion with lowered physical resistance makes the mercilessness of the enemy appear as an overwhelming unconscious command: you shall give up resistance, you shall despise yourself, you shall die.

All those whe have come into more or less direct contact with the pressure of the Nazis, through propaganda, through persecution, through underground work or in the prisons, have had to fight a two-front struggle. They have had to resist the outer enemy and at the same time to fight the inner impulse to give up and capitulate.

J. P. Sartre[2] is one of the few who have understood this tragic inner collaboration between the pursuer and the pursued:

'A moment comes when torturer and tortured are in accord, the former because he has in a single victim symbolically gratified his hate of all mankind, the latter because he can only bear his fault by pushing it to the limit, and because the only way he can endure his self-hatred is by hating all other men along with himself.'

The enemy's overwhelming cruelty, hatred and contempt lowers the sado-masochist inhibitions of the individual. Sperling[3] differentiates between

[1] For a more detailed account of paranoid reactions see the author's previous paper [61].
[2] J. P. Sartre. 'Literature and Communism', *Partisan Review*, 1948.
[3] O. E. Sperling. 'The Interpretation of the Trauma as a Command', *Psychoanalytical Quarterly*, 1950.

those who feel the urge to submit and those who revolt against the enemy's command.

'Those who obey "the command to die" had only to transgress a little, to be killed by their torturers; or they exchanged the minimum food rations for cigarettes. Another interpretation of the traumata was the command to be reckless, selfish, cruel and suspicious like the enemy, to throw off all decency, love and confidence in human nature, trusts in friends, etc.'

I have the impression that it is not a question of two clearly defined groups, but that the two motives can be found in one and the same person. The impulse to submit to the enemy and to die appears more or less clearly in all those who, in one way or another, have been exposed to the pressure of the enemy. This is one of the bases for the well-known depression of refugees. The unconscious identification with the enemy seems to come later. It is a desperate attempt to ward off the individual's fear of passive surrender and the annihilation of one's own self.

The inner connexion between those two alternatives appears comparatively clearly only in the following case, which also shows that this conflict occurs not only in soldiers and prisoners but also in refugees who have only been in indirect contact with the enemy.

CASE 3. A refugee, about 40 years old, who had been living in Sweden for some time, sought psychoanalytical treatment because he suffered from insomnia and fear of becoming insane. Both those symptoms appeared after he had come to Sweden. He seemed intelligent and outwardly balanced. His friends valued his judgment because he was able to keep his head cool and not let himself be carried away by emotion. He had had a good vocational training in his home country and later obtained a good position. From his youth he had taken an active part in politics. During the last years before his escape he had been living illegally in his home country and had played quite an important part in the resistance movement, where he had shown great self-control and courage. He managed to escape to Sweden at the last moment when he got news that his closest friends and collaborators had been arrested at a meeting, which he himself should have attended but, by a mere chance, did not get to in time.

In Sweden he managed to adjust himself quite well to the new conditions, even though he could never quite get reconciled to his having had to change profession. He was married, and the marriage seemed to be satisfactory. His wife and child had followed him into exile.

One got the impression that he had always had some neurotic traits, a certain long-windedness, pedantry and difficulty in making quick decisions, but they were so well anchored in his personality that they did not seem disturbing.

During the treatment it appeared that his insomnia was due to a fear of falling asleep and having nightmares. He went to bed as late as possible

in an over-tired state, hoping in that way to escape dreams. His nightmares, which always contained acts of violence against people where he himself was a helpless looker-on, generally ended with a terrible fright of never waking up again, which he himself understood to represent a fear of dying.

In connexion with those nightmares he talked about the well-known theme of all refugees: the sense of guilt towards his comrades. He saved his own skin while his friends were taken and put into concentration camps. He knew quite well that it would have done neither them, nor the cause they were fighting for, any good, if he too had been taken prisoner. But those rational arguments did not help. He kept on brooding on the same theme, which after some time was superseded by attacks of anxiety and gloomy meditation.

Would he have been able to resist the enemy? Would he have been able to keep his assurance and self-respect, or would he have become a miserable figure, hating himself and crouching before those who tortured him? At the same time he was convinced that his comrades, one and all, had had the force to withstand torture and humiliation without betraying anything and without debasing themselves. The more he glorified them, the lower he himself sank in his own eyes.

At that time his fear of becoming insane increased. He had the feeling that he could suddenly go out of his mind and throw himself at another human being in order to torture and kill him.

It became clear that his fear of committing murder was a desperate escape from the fear of becoming the victim of the enemy. For him there was only one possibility to escape that fate, to adopt the enemy's behaviour, to become sadistic like him, kill like him.

But at that moment, when he realized that his impulse to murder was a last, desperate revolt against his own weakness, he also saw through the enemy. 'The Nazis despise themselves and crouch before their leader'—and after a while he added, 'They howl and march in troops because they are frightened and weak.'

He had found a new way of resisting his enemy, not by becoming like him but by looking through him. This gave him both emotional and moral satisfaction.

The insomnia and fear of becoming insane were shown to be actual neurotic symptoms appearing as a reaction to the lowered inhibitions of his sado-masochistic impulses. This lowering occurred through the traumatic experience of the enemy's atrocities not only against him but also against his comrades.

Because of his compulsion-neurotic character this man seemed to be particularly disposed to a sado-masochistic conflict.[1] But his problems are probably symptomatic of the great majority of refugees who have been,

[1] B. Berliner. 'On some Psychodynamics of Masochism', *The Yearbook of Psychoanalysis*, 1948.

or have been near to being, under the enemy's power. This conflict is warded off from consciousness through a wide range of neurotic symptoms. Occasionally, however, one can notice that people who have spent a long time in concentration camps have accepted some of the enemy's ideas and behaviour without realizing it themselves.

> In the summer of 1945 some young female employees at a Stockholm firm went on a strike because the employers wanted to cut their lunch hour on Saturday. In the same firm were also some foreign girls, former concentration camp prisoners. They were shocked by the demands of the Swedish girls and declared that those girls ought to have been in Buchenwald! The result was that the Swedish girls were fired. Interviewed by a newspaper reporter the foreign girls said that they felt 'only too happy at that dismissal'.

The self-contempt and unconscious identification with the enemy may become an integrative part of the personality and seems to be one of the main causes of the asocial behaviour which one can so often notice in concentration camp prisoners and displaced persons (as well as a markedly anti-Semitic attitude in people who consciously disclaim all race discrimination).

'Life in concentration camps does not create democrats', I was assured by a former concentration camp prisoner. He knew what he was talking about, although he himself had been able to keep his faith in democracy and human dignity. Well developed ego ideals and an active, positive attitude towards the country and the people for whose sake one is imprisoned seem to be the only counterbalance that can prevent a breakdown, moral, emotional and physical.[1]

I have the impression, however, that such manifestations of asocial behaviour have not been the most obvious trait in displaced persons.

Most writers [36][2] have paid attention to the prisoners 'emotional apathy' or, as Friedman puts it, 'shallowness of feelings'. It is manifested not only as a lack of interest in other people's fates but also as a terrifying indifference to one's own self.

> Displaced persons attending the policlinics of Stockholm hospitals were found to be more frequently absent from the latter part of their treatment than were the inhabitants of Stockholm. Those suffering from TB had a tendency to neglect the after-control. When the nurse calls on them personally and reminds them about it, they promise to go, but 'forget' it.
>
> Patients who have an appointment for a certain day and hour either

[1] The consciousness that one is not imprisoned because of an occasional transgression of the law for the sake of gain but that one suffers the misery and humiliation for the sake of a common cause seems to be a life-sustaining factor of unsuspected importance. The apparently meaningless becomes significant and the inner bond with the world outside the concentration camps is maintained. Thygeson and Kieler remarked that mortality among Danish criminal prisoners in German concentration camps was 30 per cent, whereas mortality among the Danish political prisoners was 13 per cent [31].

[2] Friedman, op. cit. Sperling, op. cit. G. Langfield. 'Psychiatric Observations and Experiments during the German Occupation of Norway', *Act. Psychiat. et Neur. Scand.*, 1946.

get there one day too early or too late or at the wrong hour on the day fixed. Today, tomorrow or next week are very vague ideas to them. It seems as though many of them have stopped thinking and planning for the future.

Emotional apathy, shallowness of feeling, or the feeling that one 'only is an empty skin'[1] describe a state of mind which prisoners get into while in the camps and which remains for some time afterwards. Under favourable social conditions it passes off without treatment.

During psychotherapeutic treatment these patients are often remarkably passive and short of words. In contrast to other neuroses, however, their silence is hardly a sign of unconscious resistance. It is the silence of the churchyard. Large parts of the personality seem to have died. Much can be revived, but in many there will always be white spots, just like the white spots on a map of a bombed city, which bear witness that life has once pulsated there.

Chronic undernourishment, dirt and vermin, illness and ill treatment together with the everyday experience of destruction and death seem to have driven the prisoners into a feeling of complete powerlessness. Adequate reality-testing gives way to magic animistic thinking, object relationships are weakened, genital needs disappear and the prisoners regress into primitive oral states.

The following case might illustrate such an extensive reduction in the personality in a young man, who nevertheless had retained sufficient will to survive to be able to undergo a brief psychoanalytical treatment. A full description of his history probably describes better the process of recovering which such people go through than any discussion, and so it is with such a case record that I have chosen to finish this chapter.

CASE 4. The patient was a young man, about 25 years old, of Polish-Jewish extraction. In spite of his slow reactions, vague and circumstantial answers and a somewhat laconic way of expressing himself he seemed intelligent. He spoke fluent Polish, German and Hebrew. Later it appeared that he had a strong sense of humour, something one did not notice at the beginning.

The patient had spent several years at Auschwitz and half a year at Belsen. He came to Sweden as a displaced person with the Bernadotte expedition and did not want to return to Poland. At first he was at a camp in South Sweden and later at a smaller camp near Stockholm. On his arrival in Stockholm he was given clothes, money and board by the Jewish community—as well as a wrist watch which he displayed, radiant with joy. He had learnt a trade and there were good chances for him to get work.

But then difficulties arose. He began to worry, felt abandoned, slept badly and sought analytical treatment.

[1] Langfield, op. cit.

It appeared quite soon that he was afraid of standing on his own legs, of supporting himself and taking a job. He thought it impossible to stand for eight hours in a workshop and work hard. He complained like a small child and sought refuge with the analyst. Unconsciously he was hoping that the analysis would save him from working and that he would be helped to live on relief. He got it, too, for a few more months, but then he became so well that he took the initiative himself to look for a job. He managed to stick it out in spite of momentarily appearing impulses to run away.

His passiveness and wish to be taken care of, his fear of responsibility, had their roots in his childhood, but had become fixed and pathologically reinforced through the many years in the concentration camps.

The patient and a younger sister had grown up in a small Polish village which had a comparatively large Jewish community. The father was something of a patriarch, deeply religious and with wide philosophical interests. When he did not work in his workshop he sat down in his study reading. Towards the children he tried to be just and strict, but he was so tender-hearted that he often gave in to them. The mother was less religious and a very good housewife. When the children needed comfort or deserved reward it was always given to them in the form of specially good food.

The parents looked down on the Poles, whom they thought were far below their own cultural level, and highly respected everything German. 'You may say what you like,' he told me one day, 'but until Hitler came to power the Germans were a cultural nation.'

The children were the centre of the family. The parents, whose marriage seems to have been happy, had only one wish, that their children should be sheltered from a hard and hostile reality as long as possible. Up to an age of 10 to 12 years the boy was followed to school by his mother, to protect him against the Polish boys who used to throw stones at the Jewish children.

The father, who worked very hard himself to provide for the family, let him go to school as long as possible. When at last the son had finished his education and was to begin work in his workshop, he only got small jobs. 'Father did not want children and youths to work', said the patient. 'We were only to have a good time.'

This family idyll had a sudden ending when the Germans invaded Poland. The whole family was sent to Auschwitz.

There he lost contact with his mother and sister. After some months he was told that they were dead. He lived with his father and witnessed his death, which may well be regarded as suicide. The old man refused to eat food not compatible with Jewish ritual. After a short time he literally starved to death. The son felt the father's example as a strong moral pressure. But he did not give up. He ate everything he could get hold of.

The life in the camp was the same to him as to everybody else. They starved, they toiled, they got very little sleep. They were ill-treated and they witnessed the ill-treatment of others.

At the beginning of the analysis the patient was very much occupied with telling how the Germans had tormented his fellow-prisoners. He got excited and talked very fast, sometimes interrupting himself with a short and scornful laugh. It was obvious that his scorn was not aimed at the oppressor but at the oppressed. For a long time that was the only sign of spontaneous emotional reaction. His own experiences of the camps he told in the form of objective, matter-of-fact reporting, without personal commentary, as if he were talking about another person.

He often came back to two episodes that he told over and over again and which, each time, show the utmost of what a human being can experience of passivity and lack of will-power.

In the course of a few weeks he was three times sent to the gas chambers. He was picked out by some SS-men and had to undress. Then he was given an overcoat and was sent barefoot—it was in the middle of the winter—together with a group of other people that was sentenced to death on the way to the gas chambers. Every time at the last moment an SS-man came cycling after him, picked him out and took him back with him to camp. This SS-man treated the patient as a kind of lapdog, which had to obey when he whistled but which he in return protected against the other masters.

The other event took place at Belsen two days before the prisoners were rescued by the allied troops. The patient was so weak that his fellow-prisoners thought he was dead. They put him on the pile of corpses. While lying there he thought, 'As I am lying among the corpses, I must be dead' and was not able to move. After he had been lying there for one day and two nights the English came and cleared the pile. A soldier got hold of him and shouted, 'But he is alive!' The patient thought, 'If he says I am alive, then I am not dead.'

He left the decision of his own life and death to chance or to other people's discretion.

When the patient did not talk about his past experiences but entered upon his present situation, the thing that seemed to occupy all his mind was food.

One of the first hours he opened with the question, 'Where is the black market?' I told him that it didn't exist, because rations were plentiful. He retorted, somewhat excited, 'But don't you see I have got to have more butter!' After a few days he appeared again, very pleased and smiling, and asked, 'Would you like some butter?' 'Where did you get that?' 'From the black market of course', he answered triumphantly.

The patient did not only have big dinners and breakfasts every day, he also consumed surprisingly large quantities of sweets, chocolate, coffee and pastry. When he had something sweet-tasting in his mouth,

the world around him vanished. He would stand for hours in front of the Stockholm central station, chewing sweets and waiting. 'What are you waiting for?' I asked him. 'I don't know,' he said, 'perhaps I am waiting for some of my former friends. Perhaps some of them will come to Stockholm.' Needless to say his waiting always remained without result. When standing there in a sort of trance, waiting, and waiting, he did not wait for the living but for the dead. It was as though he had still not quite realized that they were dead.

His excessive desire for food had also obvious destructive tendencies. He consumed without plan enormous quantities and in that way got fat and puffed. He began to sweat heavily and to suffer from chronic constipation, had blood in his faces and had to get medical treatment.

That state of reckless eating ended with the patient's getting a severe attack of anxiety while having breakfast at a restaurant. He came to his consultation, grey-green in the face, he was groaning, sweating and restlessly rolling on the couch. 'I have seen the evil eye and I have been sick the whole day and have been quite out of my mind.'

He had a strong aversion to saying anything more about the event but he felt so ill and hunted by fear that he saw no other way out but to think the matter over and try to understand what had happened.

'I was sitting at a restaurant eating sandwiches. And there was a man who sat looking at me. He had the evil eye. And then I had to go to the lavatory and vomit. That's all.'[1]

It was obvious that the patient believed in the possibility of people having the evil eye. I asked him what kind of sandwich he had eaten. 'A ham sandwich', he said, defiant and angry. 'Why shouldn't I eat a ham sandwich!' he added challengingly. Then he fell silent for a long while and said quietly, but with a certain agitation in his voice, 'If father had seen that, he would have beaten me to death.'

Now was it possible that the kind and gentle father he had had in real life could have been changed by his imagination into that sadistic creature that threatened his life when he did not observe the religious precepts?

It appeared that the image of the father had merged with that of the enemy (perhaps this was facilitated by the father's admiration of everything German). When the father preferred to starve to death rather than break the religious precepts, the son felt it as an unconscious command. Do as I do. You must not eat, that is to say: you shall not live, you shall die.

The Nazi slogan against the Jews had the same meaning: 'Juda, verrecke!' That means Juda (the Jewish people) shall die from starvation.

Roheim mentions that 'in Morocco the danger of being affected by the evil eye is very great while eating. To take food in the presence of some hungry looker-on is to take poison'. (G. Roheim, 'The Evil Eye', *The American Image*, 1953.)

It might be added that as a child the patient had conceived of his father as dangerous and threatening and that the enemy also was the regressively distorted expression of a very early archaic image of the father.

The patient managed to withstand the demands both of the father and the enemy. He survived. But the self-destructive tendency of his eating showed that it was a compromise, between revolt and submission. By eating in that excessive way he injured and destroyed himself.

When he had worked through his fear of capitulating to the enemy and his feeling of guilt towards the father, his desire for food decreased gradually and his constipation disappeared.

Shortly afterwards he ended his analysis. He had fallen in love with a young girl and wanted to marry. 'Now I want to save for the wedding and I have no more time for analysis' he declared.

A year later he and his young wife emigrated to an overseas country. The patient had to a large extent overcome his passively dependent attitude. He was able to save money instead of wasting it on sweets. For the first time in his life he was in love. He did not live only for the present moment, he could plan for the time to come. He could look forward to a future that might bring happiness.

In spite of all good-will, ordinary people often show a certain reticence and shyness towards displaced persons and former concentration camp prisoners, i.e. towards the victims of Fascism. They dare not quite approach them. They are taboo. This attitude can be characterized as *'une fuite devant soi même'*.[1] The existence of these men and women right among us bears witness that our evil dreams, which disappeared with daybreak and which we thought belonged to the realm of shadows, may become living reality. Hence our feeling of uncanniness.

[1] L. Richard. *Personnes déplacées*. Paris, Ed. Clermont, 1947.

PART TWO

Displaced Persons

CHAPTER I

The Children

by

LOUISE PINSKY

How am I to face the odds
Of Man's bedevilment and God's
I, a stranger, and afraid
In a world I never made!

A. E. HOUSMAN

In the spring of 1945 the roads of Germany and Austria were teeming with uprooted humanity. Amidst these moving masses children were wandering singly or in groups. They were indistinguishable from the adults and they seemed motivated by the same uncontrollable desire to keep on moving, to get somewhere. When the process of singling them out got under way, it became apparent that thousands of the children were completely on their own. They became known as 'unaccompanied children' who had been brought to Germany and Austria during the war, or had voluntarily drifted into Germany from neighbouring countries shortly after the war.

This chapter will concern itself with the nature of the children's displacement; their plight during and after displacement, and the effects it had upon them. The facts leading up to a particular type of displacement, or the sufferings endured by the children, will be touched upon only as they help to explain and clarify the children's subsequent behaviour.

There were five main and two subsidiary categories into which these children fell:

Children from concentration camps. These constituted, if not the largest, at least the most spectacular group. Their peculiar haircuts (closely clipped hair with two parallel rows on both sides of the head), their emaciated bodies, their listless facial expressions, the numbers tattooed on their forearms, and their garb made them easily recognizable. For the most part they were Jewish children from Eastern Europe, but there were Poles and other nationalities among them.

Children in hiding, or living under assumed identities. Those who succeeded in evading the Nazi police and remained in hiding—sometimes with the knowledge of their parents, sometimes forcibly separated from them. In order to survive, these children, left to their own devices, had to use a kind of ingenuity that surpasses imagination. Some, who were fortunate enough to look like 'Aryans', found sanctuary in Christian homes, where

they lived under assumed names. Others managed to survive under their own identity, hiding in cellars or attics during the day and creeping out at night in search of sustenance. And still others were driven out of their native towns and had to seek shelter in the woods or in caves. How many children escaped destruction in this manner? Hundreds? Thousands? It is difficult or impossible to estimate the number. But one thing is clear from the testimony of those who had survived—these children had been put to the severest test of all, for not only did they have to flee from human persecution, but, like hunted animals, they had to look for shelter, forage for food and be exposed to storms, frost and other natural phenomena.

There was no clear-cut division between these two kinds of displacement, since many who escaped from concentration camps lived in hiding and, conversely, many children in hiding were caught and sent to concentration camps. Most children found in Germany had undergone a variety of experiences. Depending on circumstances, they had had to change their names, national and religious affiliations, and ages. (It was safer in concentration camps to be older, for joining a work battalion was one way of avoiding extermination. When in hiding, it was more expedient to be younger and have a greater chance for sympathy.) The children who survived had adjusted themselves to all the eventualities of their turbulent, dangerous existence.

Children in the underground movement. The underground movement furnished an excellent avenue for temporary escape from persecution. In a sense, it meant remaining in hiding, but it was active hiding with a militant group. Hundreds, perhaps thousands, of children joined the guerrillas in Yugoslavia and the partisans in Poland and Russia. There were no boundaries—the whole continent became a battlefield—and they attached themselves to whichever group needed and accepted them. To many it meant adventure and excitement; to some it meant temporary asylum; to others, imbued with hatred for their persecutors, it provided an opportunity to fight back and avenge their loved ones. Here again no delineation is possible, because many of these children were eventually sent to concentration camps and many had been in hiding before they attached themselves to a partisan group.

Children in the Germanization programme (Kinderlandverschickung). The purpose of this programme was twofold: (a) the building up of the German race through the introduction of children with qualifying characteristics; and (b) the consistent breaking down of a nation through the kidnapping and demoralization of its young. Thousands of children were brought into Germany under this programme. There were over 3,000 such children in Bavaria alone in the latter part of 1945, according to documentary evidence. They were housed in monasteries or inns depending on the size of the group. They lived there under the tutelage of religious organizations and their education was directed by teachers who accompanied them on

their forced migration from locality to locality. These teachers were in accord with the indoctrination programme and carried out its precepts faithfully. At the time they were located, these children spoke exclusively German and repulsed attempts at identifying their nationalities. They claimed to 'belong' with the Germans. Some Polish children, of mixed parentage, favoured the German strain. The Yugoslav children came of Yugoslav parents who had been classified as 'Volksdeutsche' by the Nazis.

Children deported for slave labour. At the time of liberation these children constituted no special problem as a distinct group. This was due in part to the fact that slave labour was recruited in many countries and they could later be identified as small national groups or individuals. By and large, children from western European countries were placed in factories, railroad yards, hospitals, etc., whereas those brought from eastern Europe were sent to farms or used in heavy industry. All, without exception, reported unbelievably long hours of work, poor housing, insufficient food. But they spoke of it without emotion—they appeared stolid and flat in their emotional responses.

Infiltree children, numbering at one point around thirteen thousand in the U.S. Zone in Germany, were part of the main stream of the exodus of Jews from central and eastern Europe. During the war these children were either in concentration camps, or in hiding, or fighting with the partisans. They had returned to their home countries and later joined in the movement to Palestine. The first organized group of 'infiltree' children—about 350 —entered Germany from Hungary in December 1945; another group arrived in June 1946. And then, wave after wave, reaching its peak in the latter part of August 1946 and the beginning of September. The children were predominantly from Hungary or Carpatho-Russia; some came from Poland. They were organized into groups by Zionist leaders, who had been working in the countries of origin locating orphans and buying children from non-Jewish families who had given them asylum. Some had been voluntarily 'signed over' by their parents to facilitate their emigration to Palestine. Antisemitic practices by the Nazis and extreme privation during the war years provided the impetus for this voluntary post-war displacement. The real motivation, however, was a strong desire to build a new life in Palestine. After several abortive attempts to merge these children with adult displaced persons, they were assembled in special children's centres. The first was opened in January 1946.

Children born in Germany. Most of the children born of slave labour mothers and German fathers were located in German institutions, hospitals and children's homes *(Kinderheime)*, or in private homes. Some had been abandoned by their mothers; others were taken by private families to be brought up as Germans. Children of allied nationals, who were not permitted to marry, belonged to this category. These were the children allied governments began to claim after the war. The loss of young manhood, the need to rebuild the ruined social structure, the drop in births

during the war years—all this pointed to the necessity of salvaging what was left. Every country then began a systematic search for 'their' children through UNRRA channels.

Their experiences left deep marks on those who survived. Even those who had been saved from brutality had not been spared psychological injuries which may not have been immediately apparent, but which nevertheless left indelible traces on their personalities. Those of us who have had dealings with displaced children in Germany and in the countries of resettlement bear witness to the fact that these experiences have changed the entire course of their lives. Dr. Paul Friedman's [26] classification of new immigrants as representing two basic types ('those who have suffered directly by internment, persecution, starvation, and torture; and those who, by passive submission to the totalitarian régime, suffered indirectly, by a subtle poisoning of the psyche, which was their acceptance of totalitarian ideology') is also applicable to children. In the early stages of displacement individual reactions were less obvious than the group reactions, which were more striking. This is understandable, since their experiences, whether in concentration camps or through the Germanization programme, were essentially group experiences. It is as groups, also, that they imprinted themselves on our consciousness. The Laszlos, Jerzys, Natalias, Heneks, as they kaleidoscopically passed before us, belonged to a special category marked with the label 'D.P.'. One could trace the emergence of a 'group personality', amorphous at first, but slowly beginning to take shape, to materialize, and to show its many-sided features.

The thing that stood out was that children released from concentration camps and children who had been in hiding or identified with the underground movement had more courage, ingenuity and initiative than the children caught in the Nazification programme. Throughout these years they had had to live by their wits. Although they had been sent to concentration camps as victims, they had to fight for their lives, individually or collectively, while there. They had to use all sorts of devices to outwit and outmanœuvre their persecutors. Children in hiding were completely on their own, had to assume adult responsibilities and make momentous decisions which spelled the difference between life and death. They suffered extreme privation, they met death eye to eye—they reached rock bottom and nothing they may have encountered afterwards could baffle them. Children in the *Kinderlandverschickung* were safe and comfortable. They were cared for and never saw danger. They were well treated, for they represented the most cherished possession the Nazis had carried away from conquered territories. These children did nothing about changing their status after the German defeat. They even showed little desire to be reunited with their families. Accustomed to obey orders and live by precepts decreed from above, they made no attempts to go away, although they often lived under poor conditions.

Long before UNRRA established registration and tracing services, dis-

placed children took to the roads in an endeavour to find remnants of their families. By means of exchanging camp lists and other such media some succeeded in locating members of their families or *Landsleute*. Those less fortunate continued looking, persistently, doggedly. Sometimes children and their relatives missed one another, for neither would have enough patience to stay put and wait. Restlessness was one of the effects of displacement. It was almost impossible to keep children in the centres established for them. The slightest pretext sufficed to get them moving. Although the excuse was invariably a reasonable one, the truth behind the excuse was that they found it difficult to fit into routine imposed by someone else. Any place that had a fence or a locked door reminded them of a concentration camp. They craved freedom, even if it brought more privation. Many children therefore preferred the uncertainty of private quarters they had found for themselves, to the security of a children's centre. The allure of committee headquarters with people coming and going, bringing news of *Landsleute*, of their ruined towns, compensated for all the hardships of travel. The word 'hardship' had lost all meaning for them. 'An unheated train, a hard bench, no coverings? . . . Do you call this hardship?' Children milling about committee quarters became active participants in the black market. This was an exciting, stimulating life, to which they flocked from the boredom, the sameness, of their life in assembly centres. For conditions in these centres in the early days after liberation defied description. Children were herded together in ill-smelling, filthy, rat-infested barracks, where the word 'privacy' had no meaning. Children of all ages shared these conditions and the effects can only be surmised. Many children had confessed that they could no longer 'feel'. And, indeed, they showed not the slightest emotion in describing the most gruesome incidents.

There was one form of authority children readily accepted—the authority of the allied, especially American soldier. This was true of all the boys, no matter what their nationality or their war experiences. Living under the protection of army detachments had its advantages and disadvantages. Boys, hunted and persecuted, looked upon their soldier friends as their big brothers whom they could trust, upon whom they could depend. In a sense, becoming an army mascot meant a new lease on life, a beginning of a true relationship. At the same time, being a mascot brought more distortion. The army was constantly on the move. Therefore, the security the children sought and thought they had found was illusory. The friends these boys had acquired and clung to left them, rejected them in the end. If one cannot trust an army man, the same man who was so kind and considerate, whom can one trust? This tended to confirm the children's fear of establishing lasting relationships, to keep them 'on guard', so to speak. The transition from complete deprivation and complete self-reliance to a state of protected safety was sudden and bound to turn the head of any child. All the more disastrous the effect of being stranded once again after the brief period of safety and security. Lastly,

the soldiers themselves, being restless and impatient, were hardly in a position to foster a sense of security. And so, when the balance sheet is drawn, the conclusion one reaches is that the results of this experience belonged on the debit side of the ledger.

One of the immediate effects of displacement was the formation of groups by children released from concentration camps. These children learned in the course of their experience that they could never fight their battles alone. They went about it with the utmost caution, mingling only with children who came from the same section of the country. One of the children either appointed himself or was chosen as the leader and his orders were obeyed. Discipline and order reigned within the group. They did everything together, whether it were 'organizing' for food, finding shelter, looking after the sick, or locating relatives. These same children were capable of any sacrifice for members of their group.

Later, these small defensive units became organized, usually by adults, into national movements. Originally altruistic, these movements developed into means of winning the children to some particular cause favoured by the adult leader while at the same time 'saving' them from the hands of the 'enemy', i.e., from those who opposed or did not fully support that cause. The children, aimless and insecure, readily responded to the call. The surviving parents saw in the rise of youth movements a form of protection for their children which they themselves were unable to provide in a crumbling world. National governments welcomed the rise of a national spirit as one potential in the process of a country's revival. All these factors served to make the national youth movements most effective in the immediate post-war period.

The two main groups thus formed were the Polish scouts, often arising out of partisan formations and hence militaristic from the start, and the Zionist groups, more concerned about the children's welfare, but also mainly political or ideological in purpose. There was a marked difference between these two groups. Before the scouts entered a children's centre they were not so many individuals, but a group. Their individual differences were submerged and had to be sought out. But the Zionist 'infiltree' children were from the very outset distinguishable as individuals acting in concert. Some elements of this difference may be traceable to national characteristics, perhaps a greater tendency toward conformity among the Poles and less of it among Jewish children. The character of the leadership was decidedly different. The Polish scouts were given their indoctrination by military men; the Jewish children by civilians. Motivation, too, played an important part. The Polish children were being prepared for future military pursuits, as evidenced in their songs which reflected a martial spirit. The Jewish children were heing prepared for peaceful pursuits, as future builders of a homeland. The propaganda motif was equally pronounced in both movements. The leaders had a purpose in mind and tried to attain their goal through the children. The development of *esprit*

de corps was, therefore, uppermost in their minds. The scout leaders, fearful of losing touch with the children, were willing to disregard their health needs.[1] The Zionist leaders, concerned with transporting as large a group as possible to Palestine, were wont to disregard the fact that many of them had been sent out of camps hurriedly and inadequately clad for the journey.[2]

In both instances the children wholeheartedly accepted the ideology imposed by adults and sustained it through their own deep striving for a positive goal in life, for something to hold on to at a time when the ground was shaken from under them. The case of Shulameth clearly demonstrates both the moving force of a positive ideology fostered by the leaders and the conflict it generated.

Shulameth was 16 when she was brought to the children's centre as member of the Hashomer Hatzair group—a buxom girl with healthy colour and great capacity for work. She was a serious-minded girl and one of the most dependable workers. She carried her responsibilities, as a leader of a small group, conscientiously and performed the duties assigned to her punctiliously. Her sister, aged 14, and brother, aged 12, were with her at the centre. The mother and several siblings had been killed. The father, who got separated from them in 1939, managed to emigrate to America. As soon as communication was established he tried to locate his children and immediately made arrangements for their emigration. Shulameth refused to go. In an interview with the girl the director of the centre elicited the following response:

She professed great love for her father and profound admiration for his untiring efforts. But . . . she could not accept his invitation. Her life had been spared for a purpose and she wanted to devote it to the service of her people. If she, a strong, healthy girl won't do it, who will? She must go to Palestine and do her share in building her homeland. She had come to the conclusion that there was no future for Jews anywhere in the world but Palestine, where they belong. They are guests in any other country. What happened in 1939 might recur 10 or 15 years later and she would not want to live to see another exodus. She broke down in the course of the interview frankly admitting her conflict—the love she had for her father and her love for her people which transcended it. At one point, when she begged for help in making a decision, she was once more the little girl who needed protection. But she quickly dried her tears, as if ashamed of her momentary weakness, shook her head and announced resolutely that she could not expect anyone to make a decision for her—the decision must be hers and hers

[1] In the winter of 1945-46, 63 Polish scouts and 12 Polish girls were secretly removed from Regendorf Children's Centre to frustrate UNRRA's plan to move them to another centre more suited to their medical needs, the second centre being outside the jurisdiction of the Polish organization concerned. A similar thing happened in Italy as late as 1948.

[2] From the UNRRA escort officer's report regarding the first children's transport to Palestine, in April 1946.

alone. It was to sacrifice personal happiness for the loftier goal. She hoped her father would understand her feelings. He will be hurt, of course, but it cannot be helped. If she heeds his call, she will get used to an easy, soft life and forfeit her ideals. This would be a tragedy for her, since these ideals have sustained her in her darkest hour and have given her courage to go on. She would have wanted her sister and brother to have a better chance in life, but she was afraid they would not go without her. So be it! They must all remain.

At the time the UNRRA director left Germany, the father was sending cables clamouring for his children, but Shulameth was adamant.

Shulameth's unconscious motivations can only be guessed, since little is known of the interpersonal relationships in this family. There is, however, little doubt but that she might have reacted differently had she not been assimilated into the Zionist movement. It is obvious that some of the ideas she expressed had been implanted in all the children within the movement. Apparently she had found in these ideas a sustaining *raison d'être* and a solution to her problem. At a time when she needed security, she had found it in the group and to this group and to all it stood for she remained loyal. Another component might have been the feeling that the group was more potent than the family unit, which could so easily be broken up. In other words, group allegiance might have appeared more enduring to her than family allegiance. Or, she may have been motivated by an unconscious resentment against her father for saving his life. These are but speculations. The important thing is that she was able to make a decision: she had found within herself enough strength to accept herself as an individual caught in a maelstrom, but not annihilated.

To understand the behaviour of displaced children it must be viewed against the background of their immediate environment. The physical effects of prolonged starvation were marked and long lasting in nearly all of them—protruding abdomens, retarded growth, bodies that were too wasted to fight off disease, bodies covered with sores, disease rampant. The infant group were the most affected, for they had to be kept in hospitals and institutions where the food was inadequate and the personnel overworked, so that many died. But it is with the psychological effects which we are more concerned here, and these were only less marked. Those who remember the early days of the liberation can remember the magic meaning which the words 'a chunk of bread' seemed to have, and the way in which the children persisted in hoarding bread, hiding it under their pillows, or in their lockers, or stuffing it in their pockets. Cake and candy had no such effect. Henek tried to explain to us, and the picture he conjured up is vivid. The chunk of bread was what the children were given at the end of a long day's work, and it was tucked under their shirt. 'It was yours, all yours. And you remembered how hungry you had been that whole day. You promised yourself not to eat the bread that night. You'd save it until morning and you'd eat some of it on rising. Perhaps you'd leave a little to munch

during the day when you bent over the shovel. But . . . you were so terribly hungry and you broke off a little chunk to assuage the awful gnawing at the pit of your stomach. And then you knew that it had been a big mistake, for you could no longer resist. You took a few more bites and at some point you must have dropped off to sleep thinking and hoping that you had left a small piece for the next day. But when morning came, there was nothing left.'

So bread was something that they clutched to their bodies, and later, when they were recovering, it was something they threw about and wasted. 'When bread had meant so much to you' said Henek, 'you've got to have it amid your belongings. It's got to be there to nibble at, or just to touch.' It was to destroy, to deny this power which it had over them that they later wasted and dirtied it, and one cannot regard such behaviour as reprehensible when one knows the circumstances.

Stealing and lying were similarly met with after the liberation, both having been acceptable forms of behaviour, perhaps the only means of survival. These manifestations, therefore, could not be censored too severely, or considered problems in the way they would be considered in normal society. On the contrary, this kind of behaviour showed ingenuity, initiative, organizing ability, and courage. But it is interesting to note that, while such exploits were condoned outside, they were not tolerated within the group. Everything a group had acquired was considered common property. This was true of the scouts, as well as of the young Zionists. There was competition between groups, but never between individuals within the group. Similarly, when the children organized themselves into small ethnological and ethnographic units, prior to the rise of national movements, there was strife among the groups, but if a child belonged to a group, he was entitled to protection from all its members. The children, aggressive and grasping on the outside, could and did rise to supreme heights in their intra-group relationships.

Unaccompanied children, completely on their own before children's centres were organized, acted like adults. During these trying days many of us have pondered over the infrequency of such symptoms of maladjustment as enuresis. In none of the centres the writer has known did it constitute a problem. There were isolated cases, but they were of no consequence considering the size of the population. In reflecting about the possible reasons, one might take into account that the conditions under which the children lived made such things unnoticeable. But even after some standards of hygiene had been established, this did not constitute a major problem. It would seem that such indulgence was in a sense a luxury these children could ill afford, when external pressures were so great. The weight of these external hardships and the need to do something about them temporarily overshadowed the purely personal problems. The energy thus released in the fight for the preservation of life, in joining forces with others in a similar plight, drove them forward and the inner pressures were

surmounted by the far greater external pressures. Again, the problems encountered by displaced children before and after displacement were mass problems that touched them individually, not individual problems felt by the mass. No matter how severe the trauma it becomes bearable if it is shared by others. The sense of homogeneity that it produces would seem to act like a catalytic agent against utter despair and hopelessness. Neurotic behaviour became evident after things got settled and the incentive to fight was gone. Behavioural problems increased in severity as external pressures were raised. Dr. Paul Friedman, in observing displaced children in France and Switzerland, remarks: 'They hid behind the wall of common experience, and many of them set up gangs of their own and enforced stringent rules upon themselves. They presented what seemed to the outer world a homogeneous whole, but when you looked more closely there was no cohesion, no friendship, only a complete individual isolation. In several instances they even threatened to run away and go back to the camps in Germany. One boy told me jestingly that life in Switzerland was "too normal"' [26]. The restlessness, the need to be constantly on the move, were in themselves manifestations of neurotic behaviour on a mass scale. It should not be overlooked that those of us who came in the role of helpers, were also beset with concrete, practical, everyday problems which often prevented us from recognizing neurotic behaviour where it did exist. This, however, does not invalidate the above considerations. The most striking difference between these children and ones who have grown up under normal conditions is the curious combination of practical maturity and emotional infantility existing side by side. This was particularly evidenced by children with concentration or hiding-out experiences. In comparing these children with those caught in the Germanization programme, one can trace the genesis of this difference in that the Jewish children have had to assume adult responsibilities at a very young age, whereas the children from the Banat and Upper Silesia have had a prolonged dependence, everything having been decided for them. The latter have now had to learn to act for themselves long after a child usually begins to assert independence. Here we see two parallel trends—assumption of too much or too little responsibility on the part of the child. Both these co-existing trends have been caused by external conditions. Both these categories of children have missed something vital. In the one instance it was the early dependence of a child; in the other the delayed self-assertion of the adolescent. Both these categories of children have had to compensate for the void in one stage of their development. To assume that this left no imprint on their personalities would be closing one's eyes to reality. But, until they have been put to test by living with others of their own age levels, who went through a normal cycle of growth and development, these differences might escape the casual observer. Those who have come in contact with displaced children in countries of resettlement were struck by their precociousness contrasted with immaturity; by their striving to make up for lost time; by their suspicious-

ness and difficulty in establishing interpersonal relationships. Agencies caring for displaced children from Europe have found that it is more difficult for them to adjust in foster homes, or in the homes of their relatives; that they are impatient and eager to achieve immediate success. Although it is understandable in the light of their experiences, this does not make them easier to cope with.

The war brought to light the sufferings of children torn from their normal environment, but it also revealed what children are capable of when they are faced with certain problems requiring solution. They must have gained some sense of achievement which gives them security when confronted with obstacles. Hence, they are apt to impress us as aggressive and wanting to get ahead at all costs. Some children interviewed shortly after arrival in the United States expressed deep feelings of guilt for having remained alive. The only way they could go on living with such feelings was to think that they had been spared for some special purpose. With one it may have expressed itself in a desire to carry on the family tradition; with another in the 'call' to devote himself to a cause. Eliezer was not content with merely being like other boys of his age. He had to excel in some pursuit. The Polish, Ukrainian and Baltic boys wanted to go into military training so they might be equipped to fight their enemy—the Soviet Union.

When we, in countries of resettlement, think of these children as presenting a problem, we are right: they cannot be measured by known standards. In our social structure, in any structuralized milieu, these children are misfits and may continue to be for a long time, perhaps always, for they were nurtured in an environment where jungle rule was the order of the day, where beast fought beast. The social structure of a country cannot be changed to accommodate newcomers, even if they be numbered in thousands. At the same time, these newcomers must leave their imprint wherever they settle. In the opinion of this writer not all of the effects of the war were wholly damaging to the personalities of displaced children. In the course of their fight for survival they developed certain strengths and immunities and it is upon these strengths, rather than on the deficiencies, that one must build the social structure in the countries affected by the war. Just as nature renews itself, so man can find within himself powers heretofore unsuspected. Beneath the outward behaviour of these children there may be layers of suppressed emotions not yet analysed which, when released, might give rise to a new purpose in life. Let us only take the trouble to look for these hidden powers.

CHAPTER II

The Camps

by
H. B. M. Murphy

In refugee administration the continued use of large camps is as much a political as a residential expedient. The Spanish Republican camps in the south of France in 1939, the Arab Palestinian encampments in the Near East 10 years later, the camps for aliens and Epirots in Greece, could all have been reduced and their special hardships largely abolished if the powers concerned had permitted their inhabitants to spread throughout the countryside; and no native populations need have been displaced. In post-war Germany the optimum use of all accommodation was a necessity, but that was no justification for UNRRA to press alien refugees out of privately rented lodgings into assembly centres, on pain of loss of emigration rights. It is usually regarded as useful or necessary that refugees, as aggrieved and rootless people, should be kept under a centralized and mobile control, and should not be allowed to forget their special status until those in control decide that this is advisable. Such control need not be hostile to the political principle for which the refugees stand; the centralization of the Jewish camps in Germany, the maintenance of Polish camps in Britain, have been desired as much by these peoples' own leaders as by the supervising authority. But in all cases the principle of regarding refugees as a political mass rather than as a conflux of individuals predominates, and the conscious or automatic application of this principle at lower echelons explains many of the special features which camp life presents.

Another such principle is the assumed transience of refugee administration. Because of this, and because they are usually established in time of war or other emergency, refugee camps rarely attract a high quality of individual. Thus it was that UNRRA had for long to work with only a tiny percentage of expert or competent staff. The efficient and psychologically correct handling of newly arrived refugees is a task which would strain or defeat many trained social workers, and certain notable features of camp life, especially the regimentation, can be explained as honest attempts by second-rate administrators to cope with an exceptionally difficult psychological situation.

This situation is in essence initially due to the collapse of willpower which we considered in the chapter before last. The psychoanalyst like Stefi

Pedersen or Dr. Pfister can testify only to the most extreme cases, but the administrator will recognize their descriptions as fitting, in part, the great majority of refugees seen in the first weeks or months of the camps' existence. Whether it is apathy, or helplessness, or maniac excitement, or aimless aggression, the underlying phenomenon is a regression to a more or less infantile stage in which ability to plan has disappeared and concerted effort can only be rudimentary. The problem is not simply one of inducing structure and co-ordination within a newly collected mass of people—such role-learning requires time in any group—it is the problem of getting people to apply knowledge or skills or simple thought processes such as taking a decision, which they previously possessed. I well remember in such a period how difficult it was to find any doctor prepared to practise his own profession, and how those who were competent at first—not having undergone any recent acute strain—gradually lost that competence as the full realization of their refugee status ate into them to produce a trauma similar to that from which their colleagues were by then recovering. In such a situation the autocratic paternalism of the camps is not only almost a necessity, it is probably beneficial; and the collective support which even the unwilling sharing of adversity produces gives the camps their psychological *raison d'être*. Undoubtedly such camps are less satisfactory than the immediate acceptance of refugees into the homes of an understanding populace, but the conjunction of understanding among the common people with permissiveness in respect of the political situation is extremely rare. The greatest fault about the camps is that this necessary paternalism of the first days is persisted with long after its value is exhausted and after it has become a barrier to further recovery.

The physical conditions of the camps naturally vary widely, but it is remarkable how uniform their effects are. Occasionally one meets the term used for a collection of lodgings within one area, or for a block of flats where each family has normal living accommodation, but these are misapplications of the term. The actual dwellings may consist of anything from improvised tentage to the luxurious officer quarters of some disbanded army, but the essential points are that there should be a segregation from non-refugees, a sharing of certain facilities, a lack of privacy, and a sense of dependency. Overcrowding is also common, but the term is a relative one and the number of persons per unit area of living space may be no greater than among the surrounding population. What may be more important, although again not universally found, is the limitation of the area, enclosed or otherwise, within which the whole compass of daily life is conducted. The sense of restriction which camps give can be greatly relieved if the inmates scatter abroad each day for work, shopping, schooling, etc. The four factors first mentioned, however, are the key ones in the production of what has been called the D.P. camp mentality, and where they are absent, no matter how poor or how improvised the accommodation may be, that charateristic mentality is rarely found.

MADRAS INSTITUITE OF DEVELOPEMENT S...DIES
74. SECOND MAIN ROAD
GANDHI NAGAR, ADYAR, MADRAS-600020.

Lack of privacy is probably the most important of the factors. Even for those more primitive peoples accustomed to act out their daily life—and even sexual intercourse—within the casual view or hearing of others, the refugee camps bring a sense of intrusion. Privacy means essentially having the opportunity to put off the skin of conventional behaviour which society or our own egotism demands that we wear before the public eye. Depending on the degree to which this skin follows the natural underlying contours, each one usually has a certain number of individuals before whom this process can be permitted to take place without strain—a wife, a family, a whole clan perhaps; or no-one. But in the camps this circle is invaded; in the more constricted circle, by one's own children perhaps, in the looser, by inspecting camp officials from another world. Privacy thus acts as a device whereby we can balance the demands of society and our own nature (not necessarily only the id). Where it is withheld the refugee's ego is deprived of one of its most useful auxiliaries just at the time when it requires the maximum help to regain its former strength. For the Baltic intellectuals whose problems Dr. Bakis will be describing, this meant a continuous, unrecognized, strain: for other groups of refugees it means the abandonment of forms of social behaviour which might otherwise be recovered. The most successful solutions to this situation develop if society recognizes the nature of the dilemma, and modifies its demands to give communal expression to potentially anti-social personal trends.

While lack of privacy was depriving the refugee of one of his main escape valves, the other main features of camp life were putting extra demands on his powers of social adjustment. The crowding, the sharing of facilities, and the sense of dependency all imply the assumption of new roles and new attitudes, and in speaking with refugees in camps it is clear that it is the difficulty of assuming these new and complex relationships which gives rise to most of their everyday troubles. Even where the roles are not accepted the failure of others to accept some role remains a source of irritation; and few refugees are so completely anti-social and isolated—apart from some of the criminals whom certain camps notoriously collect—as to be able to disregard neighbours so closely entwined with them. What usually happens is that in time camp-dwellers develop a very high degree of social sense and social interdependency, this development usually taking place at the expense of the individual ego. For while experience in social intercourse is useful to the ego, it is usually sterile unless accompanied or supplemented by experience in the exercise of personal responsibility. It is this experience of personal responsibility which the camps so commonly fail to provide.

It may seem strange that the devolution of authority and the development of democratic responsibility is not to be found more often in camp administration. The regressed behaviour of newly arrived refugees certainly encourages the promotion of persons of autocratic tendency to the post of camp director, and such persons naturally tend to retain an autocratic

form of control. But with the almost inevitable shortage of supervisory staff and of finance one might expect the frequent transfer of subordinate functions to democratic committees, leaving the director the unencumbered use of the real power at a higher level. Under the much more autocratic régimes of the P.o.W. and concentration camps—where all the factors so far mentioned were also present—some form of self-government below a certain level very often developed. Why then has it not been found more often among refugees? The answer is, I think, illustrated in the next chapter. The exercise of democratic government is commonly regarded as the highest point in social development which mankind has attained. It is not (*pace* A. S. Neill) something which can be achieved by children, and it is usually one of the first things to be abandoned by communities under strain. With the exception of Czechoslovakia, all the countries from which refugees have recently come had voluntarily relinquished democracy for dictatorship between the wars, or—in the cases of British India and Palestine—had never hitherto attained that form of rule. Hence to expect people with so little civic training and in a state of mental convalescence to fall naturally into democratic ways, is optimistic. The transition from paternalism to self-determination, even when desired by the administration, must always be difficult and very gradual. That it ought to be persisted with is certain, but as the transitional stage harasses instead of relieves the administration it is understandable that the effort is too often abandoned and autocracy resumed. Where the opposite way out is taken and control is virtually abandoned, as happened in many Jewish camps, the picture which Henri Stern paints in the next chapter is not uncommon.

While some degree of democratic self-determination in camps is always desirable, the ill-effects of autocracy and centralization are to some degree avoided where there is adequate employment. Unfortunately, however, that is not common. There are a number of obstacles to adequate employment. The economic one—that there is not the money or not the raw material to maintain employment—is the least important. If the refugees are being maintained at the public expense it should cost no more to ask them to work for their keep, while if, as is common, they are being maintained by donations from other lands, then these could be made in the form of raw materials for processing, an arrangement which would also enrich the surrounding country. Such an arrangement, however, would entail the understanding and co-operation of that country, and native fears of labour competition are usually too strong. Hence often the only employment which is permitted is of some unproductive kind, usually heavy, unattractive, and easily leading the refugee to feel exploited, a feeling to which he is too prone in any case. Even if it is not such work the refugee too often accepts the theoretical advantages of employment, but objects to the practical disadvantages. If, as seems reasonable, he is asked to pay something for his board and accommodation, then he quickly comes to regard himself as worse off than his unemployed fellow refugee

who enjoys the same living conditions and yet has the whole day to do small jobs for himself, to grow food or make small things for unofficial sale, and perhaps to travel around picking up minor luxuries in a black or 'grey' market. The final obstacle lies in the attitude of the supervising authority which we touched on at the beginning of this chapter. Steady employment savours of resettlement, and it is often against official policy to permit this to take place in what might seem a premature fashion. That this is not an imaginary risk has been shown in Israel and Australia, where refugees in temporary accommodation have refused to leave for better permanent settlement elsewhere, but that it should justify leaving the refugees unemployed for long periods is very doubtful. In practice what usually happens is the multiplication of jobs within the camp services and the eruption of a host of minor, unproductive, activities, many of them illegal in one sense or another. These improvised solutions provide some immediate relief, but their delayed effects are undesirable. The multiplication of official jobs means that no-one does a full day's work, and hence when such refugees come to resettlement and proper employment they have a false idea of what constitutes work and in consequence are called lazy. The other group get into the position described by Dr. Bakis in Part Two, Chapter IV, being forced to lose their respect for law and authority by coming into closer and closer association with illegal activities. (In the cases Dr. Bakis cites the motive is apparently different, but the mechanism is the same.) Whether they can recover that respect then depends less on automatic habit than on the incentive they are given to do so.

The picture which this chapter offers of the D.P. camp should not be taken as anything but a generalization—and, perhaps, a warning. For each point that has been made here I could cite an exception. There are camps very much worse than anything I have hinted at, and whole administrations that are very much better—the Swiss administration, for instance, which Dr. Pfister has described elsewhere [50, 65-70]. No 'good' camps have been described, partly because it is the policy of this volume to describe what happens rather than what should happen, but also because from one point of view a 'good' camp is a contradiction in terms. I have given as my opinion that the establishments of camps in the early days after an exodus is a psychologically sound policy, since the newly arrived refugee gains more group support thereby. Thereafter, however, the continuance of large camps seems undesirable, however much the handicaps described here can be avoided. This is not so much because 'good' camps cannot exist, *per se*, as because the massing of refugees together in large numbers facilitates and encourages their treatment as a political mass rather than as individuals with certain misfortunes in common. My own opinion is that however unsatisfactory the administration, financing, hygiene, etc., may be—and I must confess to having inveighed against the inefficiency of small hostels in the past—the smaller

the individual camp or hostel unit, the better for the refugee's personal adjustment and recovery in the end.[1]

The two chapters which follow this give two very different interpretations of camp life. They are not, however, two aspects of the same camp or of the same people, and in fact neither is at all typical of D.P. camps generally, rather representing two extremes. The Jews at Belsen had had a worse wartime background than any other refugee group, and had much more power in their own hands than was usual. The Baltic group on whose answers Dr. Bakis has based his chapter were more introspective and educated than the great mass of refugees. Nevertheless these two specific illustrations give a much better picture of camp life than any generalizations which I have made here.

[1] Where the surrounding population is hostile, there is a point beyond which the smallness of the refugee group probably becomes a disadvantage.

CHAPTER III

The Aftermath of Belsen[1]

by

HENRI STERN, M.D.

[EDITOR'S NOTE: I have retitled this chapter in order to emphasize the association which existed between the behaviour and the concentration camp background of most of the people concerned. Readers are warned against taking this picture as typical of either refugees generally, or of Jewish refugees in particular. Nevertheless, some degree of such behaviour was to be found in nearly all camps, varying according to the people's background and the skill with which they were assisted, and gradually disappearing as they recovered from their experiences and became ready for emigration. In the case of Jewish refugees the greater prominence of this type of regression to a more primitive behaviour pattern was due not only to the concentration camp demoralization, but to what might almost be called mishandling by the relief organizations. It has since been recognized in Jewish relief circles that their own feelings of guilt in relation to their persecuted fellows made them overanxious to placate them [112]. Although they were, as Stern says, paternalistic, they were rather like fathers who are unable to control their own children, but give way to every whim. Hence the refugees, apart from those in the *kibbutzim*, got no moral guidance but were rather encouraged to continue their regressively dependent behaviour. This mistaken attitude extended into UNRRA and IRO, owing to their fear of political pressure, and only in 1949 was a more consistent attitude adopted, almost simultaneously, by the main organizations concerned.—
H. B. M. M.]

What is offered here is not a detailed study. My observations were the indirect outcome of the psychiatric and health education work entrusted to me, in the capacity of consultant psychiatrist, by an American relief organization, over a period of six months (winter 1947 to spring 1948) in the British Occupation Zone of Germany. My headquarters were in a large camp, Belsen, formerly a concentration camp, which at the time of my arrival contained approximately ten thousand Jewish and a few non-Jewish D.P.s, the latter working under the orders of the British army of occupation, camped nearby in what was formerly a huge German army training camp. The old concentration camp hutments had been burned;

[1] Translated in abridged form from the author's 'Observations sur la Psychologie Collective dans les Camps des Personnes Déplacées', *Psyché*, Paris, 1948, vol. 3, page 891. Henri Stern died shortly before his paper received publication, and hence a more detailed record of his observations was regrettably never made.

only the graves of 30,000 Jews, of 50,000 Russian P.o.W.s dead from starvation and from epidemic disease, and of thousands of other non-Jewish civilians, recalled the Nazi past.

The Jewish population of this camp was lodged in large barracks and other smaller buildings belonging to the former military camp. The whole was laid out very spaciously like a garden suburb, with broad streets, an administrative block, a large hospital, religious and vocational schools, meeting halls, a cinema/theatre, sports grounds, shops, canteens, etc. A core of the D.P.s had been liberated on the spot but the majority were drawn from other camps, now dissolved. Some had fled or 'infiltrated'—to use a word coined by officialdom which had tiresome consequences of a restrictive nature—from countries of eastern Europe where they had managed to survive but which they had now left, either because they were without means of subsistence or because they feared the recrudescence of active anti-Semitism. These people were assisted by a number of Jewish relief organizations who shared in close collaboration the various tasks of material assistance, education, rehabilitation, medical care, emigration, etc. Operating within the framework of UNRRA and later of the IRO, these organizations were to a certain extent dependent on the occupying authority.

The very abnormal life of these camps, an extension of the concentration camp atmosphere, lent itself particularly well to a psychological study. It was both artificial and impermanent, and economic factors could not operate freely in such a closed society. For although it basked in economic capitalism, it was purely a beneficiary and could not be a productive, living, factor in it. Hence the political life of the camp also could not be based on traditional economic factors. Rather, it depended on the assistance of Jewish communities throughout the world, and on the influence which those communities had with their respective governments.

I shall touch on a few of the many psycho-social problems relating to the displaced Jews, problems which are simply those of displaced persons generally. To this end, while not being able entirely to avoid mentioning some clinical points, I will try to deal with matters of more social interest by referring mainly to the normal part of the population. Such a decision, however, poses a problem in itself. The normal behaviour of an individual or a group does not depend wholly on the tendency for biological modification which is shown by all living beings in relation to the environment. When a given culture develops to the extent of having a hierarchy of values and an active, self-perpetuating system of institutions, then it operates as an economic and spiritual force; but the direction of this force is not necessarily in concordance with the conscience of the individual, his group, or his class. And this double origin complicates the analysis all the more because all cultures, partly based as they are on displacement, inversion, and the sublimation of drives, cannot be considered as normal

in a psychoanalytical sense, rather presenting the pattern of a restrictive system analogous to that which one meets in the neuroses. For this reason it would seem proper in a psychoanalytical study to use as an adjunct or working tool that dialectical materialism which reveals beneath the appearance of political and social institutions—and their rationalizations in the form of ideologies—the restrictions of the economic mechanism underlying the capitalist system of our time. Such a method is comparable to that of psychoanalysis, which seeks to unveil behind our more or less rational and conscious behaviour the unconscious and pre-logical forces and mechanisms of the affective system.

This said, let us remember before everything else that the social life of the D.P. is both temporary and artificial. At Belsen restricted mobility and a paternal philanthropic protection, guaranteeing food and accommodation, immediately distorted both the free play of economic forces and the concomitant psychological reaction of individuals and groups there. Also, there was interference from contingent cultures—the German for geographical reasons, the English as represented by the administrative system in the British Zone, and the aid brought by philanthropic groups. On the other hand, the Jewish element was far from being homogeneous. The cultural differences shown by Jews from different areas were very great and, in certain circumstances, had an effect on the common ground which the D.P.s possessed by virtue of their religion, their suffering under persecution, and their uncertainty as to the future.

An adequate and rational socio-biological adjustment becomes remarkably difficult for societies which hide the real historic possibilities of their group or class under a network of images, projected symbols, and taboos. When cultural patterns break down in times of crisis, as in the present case, and other values, more or less equally unreal, replace the preceding hierarchy, then this adjustment becomes virtually impossible and the idea of 'normal' loses all its value. But just as in individual psychology the study of disease permits a better grasp of the typological limits of the so-called normal, so in the same way collective pathology, considered as a result of the crumbling of the supporting culture, may confirm or correct theories which have been formed during more stable periods of social life.

Seen in this way the social life in the world of the D.P., a heritage from the concentration camp world, may be said to take place under almost experimental conditions.

The mass of the Jewish population collected in the camps consisted of families or individual survivors from the extermination camps or escaped from countries of eastern Europe—Russia, Poland, Hungary, etc. In the main camp where these observations were made there were at this time about ten thousand such people. As a rule they were grouped according to their country of origin, and each family had one or two rooms with separate kitchen facilities. Orthodox religious bodies and factions upholding varying ideologies or varying shades of political belief, often at odds

with one another, lived in groups or more especially in *kibbutzim*. The latter were more or less closed communities, living under a régime of practical communism in the larger barracks, with individual accommodation for married couples but with a communal kitchen and with compulsory participation for everyone in the daily chores. All members shared profoundly in the spiritual life of the group, which created its own cadres and leaders. It was mainly the young unmarried people who lived in colonies like these.

The pillaging which occurred in the German-occupied parts at the time of liberation had seriously impoverished the interior comfort of the place and as a general rule the furniture was no more than the bare minimum. Thus the concentration camp survivors were uniformly reduced to the utmost depths of physical and economic destitution.[1]

In the course of the three years which followed the liberation a multiform society had grown up, and grown up, moreover, under the uniformity of a philanthropic régime in which food, clothing and other necessities were distributed to each individual without discrimination. The relief organizations delivered supplies directly only to the administrative units and to a part of the teaching, medical, and social service personnel. A small amount of additional supplies, mainly cigarettes sold at low price or issued as a reward for work done, constituted the sole commercial element and permitted trade with the external world to take place. It was by this channel that the 'grey' market (*marché parallèle*—not completely illegal) developed, permitting the more enterprising to accumulate considerable funds—reserved for future emigration—by means of astute speculation. It was also by this channel that certain elements from the surrounding capitalist economy managed to infiltrate. For instance, a price cartel imposed by the camp 'wholesalers' ruled the sale of certain commodities imported through the 'grey' market system. But it was only the mechanism of distribution which was affected, not the mechanism of production. The workshops and labourers catered only for the needs of the camp population, not for the outside world.

Such an artificial economic structure is thus almost completely closed and gives almost equal opportunity to all. The influence of those economic factors and social privileges which normally bracket an individual from birth within one or other level of society can thus be excluded. Hence if one ignores for the moment individual differences in ability or knowledge, then the life of the camp is virtually homogeneous and it must thus be intrinsic psychological factors which have created the structure of this little, temporarily closed, society. In such a society it is the intelligence, vitality, energy, and character of each individual which govern his chances. At the present time there are in the camps the rich and the poor, the

[1] But Belsen D.P. camp was better equipped, and its inhabitants were better clothed and cared for, than were the majority of D.P. camps.—EDITOR.

influencing and the influenced, the leaders of groups and certain higher leaders disputing for first place. The influence of some extends far beyond the bounds of the camp and places them among those Jews having a hand on the central controls of command.

Soon after the liberation, and fairly quickly, the administrative cadres and their leaders became distinguishable from the masses. The first group, forming the core of those recognized from the first by the occupying power, arose on the spot from the tribe of '*kapos*', those privileged prisoners who had been appointed by the Nazis as supervisors or intermediaries, and who were found, literally, on their feet among their dead or dying comrades. There had subsequently been certain scores to settle, but the greater part of these former *kapos* had retained their positions and enhanced their prestige. Among them, it must always be remembered, were some who had been able to carry their responsibilities even in the Nazi time, sabotaging or dividing their masters and succeeding in easing a little the misery of their fellow inmates, even though they might have been led to accept the sacrifice of a considerable number of their fellows in order to save thousands of others. Subsequently many other leaders of all kinds arose from the ranks of the D.P.s. Some had previous experience as political leaders, some had been chiefs of partisan bands, others enjoyed religious prestige. Professional knowledge or personal culture alone was never enough to raise anyone to a post of command. Very often it was the uneducated person who knew how to get the upper hand.

There is no special advantage to be obtained by dwelling on the fact that many of these men either were typical examples of the paranoiac, or had paranoid traits in their character. Laforgue has sufficiently propounded this idea from historic examples. I was able to know and observe many such cases personally.

> There was the illiterate son of a Russian coachman who revolted against his father and against his Jewish Orthodoxy, later became a dashing partisan, got taken prisoner by the Germans, but was clever enough to hide his Jewish origin and after the liberation appeared as an ordinary driver in our camp. He was made spokesman by his comrades, to uphold their claims, and was proposed by them for a higher post. Being accepted by the protecting authority, he thereupon changed into a terrifying autocrat, spiteful, sadistic, unmindful of his old comrades, and putting on flashily elegant airs. For preference he sought to humiliate the more cultured D.P.'s. Touchy and suspicious, he was cruel to his subordinates and cringing before real authority. His abortive paranoid mechanism halted him after his second promotion, for he retained sufficient sense of guilt to stop himself from attaining wider powers.

With others, the heads of higher echelons, it has been particularly interesting to see from what clay apprentice dictators are moulded. Practically all of them came into the category of persecutors persecuted, surrounded by guards, spies, intrigues. All dealt in political or other forms of graft, and

some did not scruple to corrupt others in order to offset their own enrichment. All this, with the danger of discovery and scandal, and the self-destructive tendencies involved, was the more marked when the paranoid projection was weak. The more balanced among them learnt partially to humanize their projective defence against anxiety through attitudes of paternal generosity.

Other influential members of the higher circles, usually functioning as brilliant seconds-in-command, corresponded to the pretentious type and depended for their ephemeral rise to power, on the elements of infantile sentiment which are usually found in holders of absolute power. But they were quickly shouldered out of the race, too narcissistic to make their magic desire for power fit in with the reality of their rivals or their other obstacles. The same holds true for the grievance men, the leaders of opposition who act as figureheads for some interchange of unresolved personal conflicts. They contrive to bar their own way to power, and do not know how to hold on to it when chance puts it in their hands.

It would be too surprising in such a situation not to see the mythomaniac at work, and in fact the conditions of camp life give such people their opportunity, favouring the development and gratification of garrulousness in people who, under more normal conditions, would have adjusted themselves better to social restraints. *A beau mentir qui vient de loin.* Apart from the inoffensive pleasure of endowing oneself with titles and university degrees, there were people who practised some profession without any previous qualification. There were false rabbis, and fictitious doctors were quite numerous. They gave the supervising organizations quite a lot of trouble, for it was only possible to unmask and relieve them of their offices in exceptional cases. Exceptionally, but then with astounding success, some individuals managed to integrate their mythomanic tendencies with conduct of calculated usefulness and hence to reach positions of authority. Their success there was commensurate with their ability to compromise and to render harmless 'those who knew'—those people whose activity might do grave harm to a cause which they were otherwise defending, it must be admitted, energetically and successfully. Hence they were to be distinguished from the simple crook. Clinically, the range of mythomaniacs there extended from a simple puerility of character, through partial mythomania capable of being deflected from its target and brought to bear really useful fruit in a social plane, to the fully fledged case who subordinated all intellectual effort to the unassuaged need to show off, to be talked about, or to be liked, while still courting the masochistic pleasure of being found out.

One cannot complete this record without mentioning the parasite. It is well known how freedom, after so many years of physical and moral misery, released demands for compensation or revenge. As with badly-weaned children, the thirst for reparations invaded whole camps. By the time of writing, however, some D.P.s had regained their balance through acts

of vengeance—sometimes mistaking its object or working through the mechanism of transference and displacement—and others had been able to correct their temporary regression by social sublimation, by verbal aggression of a political nature or through identification with a group and its sacrifices, or by other intra-psychic means. A certain number of predisposed cases, however, developed what might be called chronic compensation or hysteric states, parasites hardened into the mentality of a frustrated infant to whom now all is owing. Among them were cases of severe physical injury, such as the young man who had lost both legs in a bomb incident and now refused, having become embittered, to make any attempt to rehabilitate himself. Another such, castrated in a Nazi experimental unit, became the victim of general commiseration, with interviews in the press and other such blunders. Proud of his virile faculties, restored by means of hormonal treatment, he lived, from injection to injection, the smug and idle life of the complete parasite. Psychoanalysis could perhaps have saved these cases, but it would have been necessary to have removed them from a society which was, albeit unconsciously, nourishing their complaints and sacrificing them to the collective need for abiding individual evidence of the communal martyrdom. Society has need of martyrs, but their behaviour and the part they play should not be too closely scrutinized.

Some non-Jewish parasites also set to work to exploit the advantages accorded to the camp population. We were able to unmask an hysterical German with bizarre contractures who was passing himself off as a Jew, crippled as a result of some criminal Nazi medical experiment and was preying on Jewish communities. There were outcast and miserable Germans acting as black-marketeers at all levels, or desperate men from the other side of the Iron Curtain, living a day-to-day existence in the forest by making nightly raids into the camp. And from some groups of concentration camp survivors, non-Jewish but living in the neighbourhood, there would occasionally come individuals or bands to pillage the Jewish camp. The Jewish families usually took all this philosophically enough, having themselves known starvation and misery, but the *kibbutzim* defended themselves valiantly and placed night sentries—a foretaste of what they would one day be forced to do in deadly earnest in the promised land.

To complete this rapid survey of the psychological forces which had moulded the social structure of the camp it is necessary to note the intervention of a particular factor. The universal anxiety which all were trying to escape—the leaders by the race for power, the others by identification or submission—had a particular colouring which it would be interesting to analyse in more detail. For it is related to that special disquietude imposed by the Jewish collective superego as the joint result of continuous persecution and of a long, ambivalent, relationship with an overpowerful God, resulting in a masochistic deformation of this tragic people, who go half-way to meet their persecutions. Even after the sacrifice of the extermina-

tion chambers, a ransom diminishing the pressure of the collective super-ego, the aggressiveness which was able to ensue, whether in a crude or sublimate form, turned in the same direction to provoke new anti-Semitic reactions. It would take too long to develop this subject adequately here, but it should not be passed over without remarking on the surprising change from this masochistic mentality which has been achieved by the Palestinian Jews, whose re-entry into an autonomous social unit has enabled their individual egos to reassert themselves.

Returning to the life of the camp under consideration, we may say that the selection of the original leaders has been shown to be based purely on personality. Their followers or electors, on the other hand, demonstrated both collectively and individually quite infantile patterns of reaction. They were jealous, suggestible, openly credulous of any rumour or slander, inclined to excessive optimism—to be followed by discouragement and panic—and to aggressiveness. The ambivalence surrounding the leaders was very marked. Worshipped to their face, their prestige was undermined by criticism and slander in the way children react to their parents or schoolmasters. Such attitudes have nothing specific about them, being found in all kinds of young societies, parties, or political movements. But in the present case a special colour was given to them by the excessive, universal, mistrust which was the aftermath of concentration camp life. However, this tended to lose much of its exaggerated affective charge, acquiring here and there a varying degree of rationalization prior to being liquidated as more clear-sighted attitudes took over. For in fact the partly regressed behaviour of our camp population was in many individuals accompanied by a marked realism at other levels, notably in politics and commerce. Infantile as members of a young developing society, the same individuals succeeded perfectly in looking after their personal or family interests. Yet the *cachet d'absolu*, an exaggeration and lack of sense of relative values characterized their methods of approaching anything which touched on the Jewish problem. The latter was clearly of great importance to them, but it was always brought forward in an all-or-nothing, for-or-against, way typical of regressive narcissistic thinking, and with a relative lack of concern for all that did not touch on the subject.

The attitude of the camp inhabitants towards the relief organizations and their representatives was typically ambivalent. This outcast and frustrated population, belonging to no completely self-governing social organization, living hand-to-mouth, deformed by years of Nazi persecution, and now dependent on the paternal benevolence of the relief bodies, tended to revert to infantile attitudes in the latter relationship also. Suffering from a suppressed, projected, hatred, they would not realize the limited powers of their protectors and squabbled among themselves like infants. The more comfortably-off families and individuals in the camp came demanding with avidity, the money that was due to them, with no thought of the true poor who surrounded them. When they dispensed charity

themselves it was in the 'anal' fashion, that is to say, occasionally but then widely and at their own good pleasure. Mutual assistance between households, in case of sickness for instance, was also lacking. There was little communal solidarity and plenty of petty parochialism. 'Why should I work for Mrs. So and So; I belong to Lodz and she is from Cracow.'

This behaving like jealous, demanding children had still other origins. The Ghetto with its cult of learning, and the professional restrictions imposed on Jewish minorities throughout the world, has produced an overvaluing of intellectual effort and a relative contempt for manual labour. Also, active persecution had forced the Jew to be nimble and to collect easily realizable assets for use in case of flight. And the D.P. population had come to associate manual labour with the heavy, humiliating and even deadly tasks which were allotted to them under conditions of cynical slavery in the forced-labour gangs of the Nazi concentration camps. Hence the chopping of wood, the maintenance of the streets, the cleansing operations, and even heavy housework in the D.P. camp ran against strong emotional resistance. That is why such work was generally given by Jewish families to Germans. The revenge implied in such a relationship was usually softened by tips or by gifts of food, but to have a German working for one raised one's self-respect, and so all attempts by the Jewish relief bodies or by the camp police to put a stop to this practice were defeated by a masked resistance. Neither threats nor round-ups could change the state of affairs, and in the amusing miniature guerrilla warfare which developed on this subject the families who employed clandestine German help used all the well-known tricks of the Resistance. Only families and individuals living separately showed this childish and shameless behaviour; in the *kibbutzim* it was a rule never to make use of German or other employees except for a few special jobs. But with the latter, mutual aid confined itself to within each group, and attempts to form camp squads for first-aid or for emergency domestic repairs broke down in the face of insurmountable psychological difficulties. The relief bodies had to organize and pay people for such work, recruiting them from volunteers among the D.P.s and paying or recompensing them in some way.

A certain ambivalence on the part of the camp population manifested itself also in relation to Jewish doctors working for and paid by Jewish organizations. They tried, as they must have done with their German guardians, to interest them in their particular case by means of gifts. They would then make a show of complete confidence in them, but consult, at great expense, German doctors living in the neighbourhood, only to return distrustfully to the Jewish doctor later for a check on the diagnosis or treatment suggested by the German. But the most grotesque relationships were those existing between Jewish patients and those ex-Nazi doctors who had been purged by their colleagues and were permitted by the British to work only in the camp hospital, supervised by their Jewish

colleagues. On the whole these Nazi doctors, disclaiming individual responsibility for what had been done in the name of the group, fulfilled their task with that correctness which is characteristic of the German, obeying such orders as were given them. But their patients tended to overestimate the omnipotence—in the professional field—of those former masters who had once had the power, on the terrible occasions when a 'sorting' took place, to send them to the crematorium furnaces. They would assure themselves of their good will by clandestine gifts, but said disagreeable things about them behind their backs. Sometimes they would throw away the prescribed medicines, or demand the presence of a Jewish doctor during operations. Such tragi-comical behaviour appeared especially in Jews from eastern Europe, where the memory of pogroms has never died out in the history of their families. At times only money had saved them, and with this distorted experience of it they used it whenever they felt themselves in danger.

The general inclination of the Jew towards hypochondria is another thing which must be allowed for. It is another manifestation of the insecurity which tortures the Jewish spirit, and I found it expressed most often in the anxious preoccupation shown in the case of illness. The commonest manifestation was the employment of a multiplicity of doctors all at the same time, and more particularly of a 'professor'. There were families who for one patient would mobilize a whole battery of doctors of all kinds, carefully seeing that the different doctors remained unacquainted with the treatments prescribed by the others. Hence distrust and hypochondria competed to the detriment of the patient, and it was difficult to persuade such innocents of the absurdity of their stratagems. Diets and régimes were ill accepted. Traditional beliefs and memories of starvation during the Nazi régime combined to reinforce the conviction that only extra food and plenty of medicines could do any good. Under these conditions the redoubled ambivalence of the possessive, almost animal, love of the mothers for their children often upset the work of the maternity and pediatric services. Removing a sick child to hospital became emotionally equivalent to a theft. The often puerile demands of the patients on all ranks of the medical staff—but especially on the nurses—were very great, though they thought at times that the German nurses wanted to poison them. In the hospital the distribution of diets and food supplements was the favourite subject for bitter discussion. The patients—especially the women—watched jealously that they got all that was due to them, even though their cupboards were bulging with unconsumed food. This was a characteristic sign left on them, like a false reflex, by the life of starvation and death in the concentration camps; similar traits were observable not only among the patients—who naturally regress to a more infantile stage —but in the daily life of the camp. Complaints regarding the distribution of food just never ceased.

The above facts should also explain the frequent difficulties experienced

by camp inmates when faced with freedom or the future. Many demonstrated an emotional or even moral anaesthesia towards the events of their past, and this survival of various ego defence mechanisms permitted them to emigrate, when spontaneous recovery took place under the influence of new stimuli and the vision of a more stable life in Palestine.[1] But there were plenty who, under one pretext or other, often of illness, managed to miss the emigration transports which offered so much possible benefit to them. Clinging to the protection of the relief agencies, they demonstrated the need to disown their anxieties. Their demands at such times became almost hysterical, and their behaviour asocial.

A certain number of privileged D.P.s lived on the fringe of the grey camp life. The different relief organizations had accepted them into their ranks as fellow workers, and in proportion to their work or to their professional qualifications they enjoyed the advantages of supplementary rations and a real salary, sharing the organizations' accommodation, messing, and social life. Thus there were D.P.s working in the organization offices as secretaries, typists, interpreters, and even as managers. Similarly there were some employed as nurses and attendants in the hospital, children's homes, and clinics. Pharmacists, dispensers, and especially doctors, some of them highly qualified, were admitted to senior posts with wide responsibilities, but while doing equal work they were paid much less than the American, British or French members of their group. Being without any security for the future and having difficulties with emigration, they joined their social resentment of their non-D.P. colleagues to an attachment for the temporary security of the life in the camp. They were relatively stable, their recruitment having been governed almost entirely by their professional qualifications, but a few could not accept their hybrid state and became bitter, jealous, and persecuted, bristling with susceptibilities. It needed considerable wisdom to be able to accept with dignity such transitory and fragile semi-emancipation, and on the other hand it was difficult for them, if circumstances offered, to break away and take their chance of a new life, free but insecure. Usually it needed too much wisdom for these former deportees, robbed of their hopes of reinstatement or of legitimate reparations.

The study of camp life leads one to conclude that social life organizes itself on the basis of cells which do not extend emotionally beyond the size where 'everyone knows each other'. Only some threat, from inside or from out, can push the collective affectivity to a higher and wider level. Economic factors influence the evolution of the social organism much more effectively than the psychological ones which are the subject of this study. Nevertheless I hope that I have been able to show that the very

[1] This was written before Israel gained her independence and hence when the rate of immigration was still relatively low.

special conditions of life in the camps were such as to permit the development of a social organization which was essentially a function of the psychological factors present. This has permitted us to isolate and to study better those psychological factors which in normal societies are overshadowed or hidden by economic necessities.

CHAPTER IV

'D.P. Apathy'[1]

by
EDUARD BAKIS

The following paper is an attempt to describe and analyse what the D.P.s themselves called 'D.P. apathy'. The author made these observations while living in displaced persons' camps in Germany among refugees from the three Baltic countries, Estonia, Latvia, and Lithuania.

During the first winter in the D.P. camps in Germany (1945-46) it seemed to the writer that the main task of a psychologist would be to find out why wartime experiences, culminating in the loss of homeland, had not done more harm to these people. The morale (and maladjustments) were not as bad as had been anticipated, and the statements of visiting foreign observers—at least those made public—seemed to support this impression. Despite some minor maladjustments, humorous rather than tragic, there were neither serious complaints about misbehaviour, nor any feeling that something more serious would break out. The refugees believed the misery to be terminated.

But time passed with no end of camp life in sight. Christmas of 1945 was believed to be the last in the camps, yet Christmas 1946 found the refugees still there and with no prospects of either returning to a liberated homeland or of emigrating. The few posters on the camp bulletin boards announcing the numbers and kinds of emigrants wanted led one to the conclusion that refugees would be found in the camps until the end of the century, births making up for the negligible number departing.

No wonder then that after the summer of 1947, that is to say, after two years in the camps, more serious symptoms became conspicuous. Almost everyone was showing at one time or another a behaviour that had to be classified as neurotic. Crimes became more serious, absenteeism from work more frequent, interest in camp affairs—elections—was vanishing. Participation in cultural entertainments dropped and even artists of international repute could no longer attract a full hall of listeners.

Things were left undone for a considerable time, the style of life reminding one of a slow-motion picture. Sometimes it resembled a nightmare

[1] Adapted from the author's paper, 'The so-called D.P. Apathy of Germany's D.P. Camps', *Trans. Kansas Ac. Science*, March 1952, by kind permission of the editor of the *Transactions*.

where the connexions between the will and the executive organs were switched off. A quite active man told the author that it took him several weeks to answer a letter of vital importance—an offer to emigrate to the United States. There was a feeling as if the personality were going to be dismantled. Despite the wide variety of symptoms, ranging from violence to apathy, the most conspicuous and widespread feature seemed to be procrastination and apathy. The displaced persons named this state of disorganization 'D.P. apathy'.

In such a situation, offering no promise of improvement, the ministers, psychiatrists, and psychologists were approached with the question whether anything could be done to prevent more serious breakdowns. It was anticipated that if the United States D.P. Bill, the major hope of so many refugees, were not passed by the legislature, the worst might happen.

The available literature on such problems was scarce, especially the Anglo-American psychological literature which the Nazis had banned from Germany since 1933. At the same time it was obvious that the situation possessed some unique features which would prevent the simple application of known principles. The author therefore felt that a study of the situation would be an obligatory prerequisite to eventual practical suggestions.

The first attempt to get more information and to systematize available observations was made at a psychological seminar in the Baltic University in Exile.[1] There a first questionnaire was constructed and on the basis of these experiences a more elaborate questionnaire was later prepared. More than five hundred of these questionnaires, in five languages, were collected, and a preliminary analysis of them has been made elsewhere.[2] At the time a preliminary survey of them[3] was rapidly produced to give the salient points as they appeared late in 1947.

The number of people involved was large. There was no necessity to penetrate into their subconscious by means of time-consuming psychoanalytical methods, for the causes of the situation were not taboo for conversation as is the case with many of the repressed drives in 'normal life'. Of course, they were taboo in the many official interrogations, such as the screenings for eligibility for care and emigration, but not otherwise. (The 'screenings' arose from the fact that Soviet Russia was still regarded as an ally of the Western powers; hence an anti-Soviet attitude was officially taken to be the same as a pro-Nazi one, rendering the holder ineligible for IRO care.) It should be understood, of course, that not all of the causes thus discovered were to be regarded as of equal importance to all individuals, and not all were explicitly mentioned by

[1] At Pinneberg, near Hamburg, Germany. Up to 1,000 students from Latvia, Estonia, and Lithuania worked there under 150 instructors from the universities of those countries.
[2] E. Bakis. 'A Study of Displaced Persons', *Estonia*, New York, 1953 (in press.).
[3] E. Bakis, 'Contributions to the Psychology of Refugees', *Scholar*, Heidelberg, 1948, no. 2/3, pages 26–38.

the respondents to the questionnaires. Many of them were introduced as plausible explanations for the symptoms observed, but the fact that they were accepted by fellow-countrymen in exile could be regarded as a form of verification under the circumstances.

While proceeding with this analysis the writer realized that the situation was so different from what was called 'normal' for the same people previously as to demand a readjustment of the criteria of normality. Many strange activities which would have been regarded as 'abnormal' in a 'normal' situation were sensible adjustments to peculiar living conditions. Some of these peculiar conditions had begun already before the exile, and so we shall include some observations from the appropriate earlier period whenever they can illustrate the essentials of the stress situation found in exile. Similarly our observations will be supported, where appropriate, by quotations from the questionnaires. These quotations come mostly from people with high school or university education (mainly Estonian, as the others are still awaiting a comparative study of the nationalities involved) since they furnished most of the elaborate remarks and gave the highest percentage of returns; but it must be understood that in consequence the reactions may appear more philosophical than is representative.

When the hope of liberation for the homeland in the near future failed to materialize the main problem for Baltic D.P.s was to leave Germany and the neighbourhood of the Russians. It was as clear to the refugee as it was to the Western military experts that if a shooting war started the Soviets would be able to reach the Atlantic in a few weeks. In such an event there was felt to be no doubt as to the fate of any Baltic refugees captured by the Russians. They would be regarded as Russian citizens who had refused to go home—a crime labelled as high treason in the Soviet Penal Code (Art. 58.1), punishable by death and confiscation of property. Thus the task of major importance was to look for possibilities for emigration.

At that time there were no large-scale projects comparable to the later United States D.P. Act, enabling many refugees to leave Europe through the assistance of churches or voluntary societies. Emigration at that time meant merely fitting into a plan for certain large companies (Canada), or into some government project to increase population (Australia), both of them apparently preferring young unmarried people with strong muscles and less perceivable brains. In these circumstances the contemplation and planning of overseas migration for the first time in one's life was by no means an easy task. A friend of the writer estimated that he had written about a thousand pages of letters, biographies, translations of documents, etc., before he hit on a possibility. Even if one confined oneself to the offers made through relief organizations, the choice was difficult. The land of immigration had to be considered from the standpoint of climate, of eventual return to the homeland after its liberation, of security, etc.

Coming from a land where 85°F. was regarded as a heat wave, one had to think of what might happen at above 100°F. On the other hand France, for example, while having a preferable climate, was felt to be a bad risk because of the considerable communist activity there and because of its being within reach of the Soviet army. Furthermore, the task was felt to be most urgent because the situation was thought to be highly critical, especially during the Berlin blockade.

The effect of this situation was that all scanty energies were concentrated towards a single goal, emigration: and the solution demanded creative mental effort at the highest level attainable by the persons concerned. People became all-absorbed in their problems and as absent-minded as the proverbial professor. Only the lightest entertainments—cinema, dancing, etc.—were sought in place of the concerts, theatres, lectures, etc., which had offered mental recreation in 'normal' times.

Coincident with the increased demand on the D.P.s mental energies and hence accentuating its concentration, was the curtailment of the energy supply available, arising from many years of food restrictions. The wartime conditions of the city-dwellers in the Baltic States had already become quite difficult in 1941, when the Russians took over the government and started a flow of goods from these countries into the vast vacuum of the Soviet land. The following three years of Nazi occupation did not relieve the situation, as the official rations allowed the native population were not always enough to maintain life, and the additional legal or illegal acquisitions of food were not always sufficient. It is probable that even if apparently normal supplies were obtained the unceasing excitation (relieved only by the opposite extreme, depression) prevented the full exploitation of the consumed food. Experiments like those of Cannon or Wolff and Wolff have revealed close connexions between the emotions and the processes of digestion. In the camps the restriction of food supply continued, except for a short period in the American Zone when refugees received American food through UNRRA. At the time we are concerned with, the daily basic ration—some 1,700 calories, later raised to 2,000—could scarcely supply one's basic metabolic requirements, far less any spare energy for work or recreation.

The result of such shortages was a limited working day, still more limited if work of high intensity and quality were demanded. Instead of looking for ways in which to spend one's energies, the main task was now the opposite—to preserve the scanty supply for the one vital goal, emigration. A surprising amount of rest was necessary under these conditions. The writer remembers in the summer of 1943 serving his compulsory two weeks in a peat-bog in order that the university should be entitled to fuel and power in the winter. A group of young instructors nearby used an almost incredible (for these days), amount of time in resting and the writer and his colleagues only realized too late how realistically those youngsters had estimated their resources. This widespread feeling of physical weakness and

inadequacy created inner conflicts, especially as the general idea of the Baltic peoples was that forcefulness as well as good quality of work were required under all circumstances. For those in the forties and over there was an excuse—advanced age—but younger people had no way of saving face except by assuming a rebellious pose and taking rest-pauses (which should have been granted officially by a more enlightened administration) on their own decision. There is no doubt that shortage of calories had a definite influence in producing the general picture of apathy which we are discussing. Indicative of the general state of nutrition (affecting also the mind) in the camps was the fact that a considerable number of D.P.s were getting regular shots of vitamins or calcium.

While shortage of calories and concentration of energy on one goal were the most obvious causes of the 'D.P. apathy', there were other less tangible factors which may have had quite as great an influence. One of the most debatable of these, though most vivid in the refugee's mind, was the problem of communication with friends and relatives at a time when the worries about them were increased. First of all there was lack of communication with those who remained in the homeland. As time passed even optimists began to realize that for those behind the Iron Curtain it was dangerous to receive a letter from abroad—they became suspected of being collaborators with capitalist countries and they disappeared. Some letters from the homeland first hinted at the position, and then unmistakable warnings were sent through German prisoners of war returning from the Baltic countries. Refugees were asked to write only to deceased or at least very old persons. Then, as communication by letter with those arrested or deported was quite impossible, the fate of such relatives and friends became a constant preoccupation. The result of these conditions is probably described best in a recent novel by the Estonian author August Gailit,[1] where a soldier whose parents were deported says:

> 'Always when I was asleep, even during the short naps between battles, my soul left and started long travels through the endless plains, steppes, taigas and mines.... I should know Siberia better than my father's home. I know the inside of many concentration camps, mud huts, barbed-wire fences; I know the watchtowers, even the prisoners, their armed guards and bloodhounds.... Thus I searched for over a year. Then I was told, do not search any more. I was murdered long ago.... My mother I found at once, despite the fact that she had turned into a very old, grey, and miserable person.... Often have I spoken to my mother, but she does not see me.... I know my mother's *kolhoz* in such detail as if it were our own home.... Do you understand that? Do you believe that? Or would you say like one of my friends, "This is nothing but a morbid fantasy" and suggest a visit to a doctor?'

Although this is fiction, the writer has heard actual comments on similar

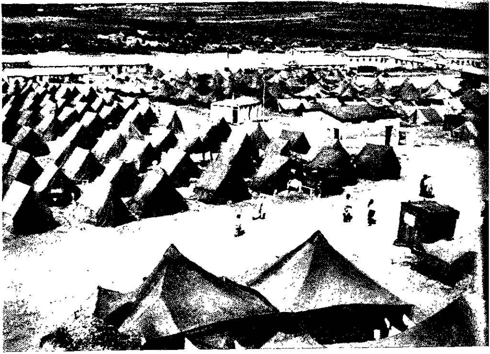
[1] A. Gailit. *Ule Rahutu Vee* (over restless water). Göteborg, 1951.

Life magazine, Time Inc.

The first set-back. This Polish D.P. probably looked as self-confident as any of the men in the group on p. XIII before he left Europe for the U.S.A. A relatively minor set-back, however, has been enough to show how superficial his recovery was. On arrival in Detroit he found no sponsor waiting for him and all his courage seems to have evaporated. In fact, a welcoming organization quickly took charge of him and kept him in a hostel till the sponsor appeared. This picture epitomizes for me the exhaustion and lack of stamina which characterizes most refugees.

LIBRARY

Keren Hayesod. Jerusalem



Keren Keyemeth L'Israel. Jerusalem

Australian Information Bureau

Back at school. Even going to school is better than doing nothing in an immigrant centre. Australia was very energetic and relatively successful in getting the rudiments of English into its D.P. immigrants, but the atmosphere of the schoolroom, unless tactfully managed, can easily irritate. In the immigrant centre the classes were compulsory; later, when they became voluntary, the response was disappointing.

Immigration centre. Beth Lid in Israel. Situated on an exposed slope, with no shade from the sun in summer or protection from the wind and snow of winter, these tents would have been satisfactory for a stay of one or two weeks; but the average stay in this camp of 14,000 people was six months, and the effect on morale was inevitably poor. Later the tents were replaced by huts, but the camp remained, turned into a transitional settlement from which immigrants went to nearby Tel Aviv for work. In Greece there are refugee camps like this which have never gone out of occupation but have turned into semi-permanent slums.

Waiting. To arrive in a new land and then find that one must wait and wait is one of the most disheartening conditions in which the refugee can find himself, since all his initial impetus evaporates and disillusionment supervenes. Fortunately such situations are not common.

Keren Hayesod, Jerusalem

Keren Hayesod, Jerusalem

The Good Neighbour

NATIONALITY NEED NOT BE RENOUNCED

Form of oath is made easier

VICTORIAN COUNCIL MEETING

Canadian's views on citizenship

Many Australians marry new settlers . . .

And here

NO BIAS HERE

The New Australian

CANBERRA

NATURALIZATION FIGURES SHOW INCREASE

Fellow citizens of the future

All Nations Club will help new Australians

Take care this month

New Australian becomes state Tennis umpire

Essay contest closing soon

and new world champion boxer is son of migrant

Australian Information Bureau

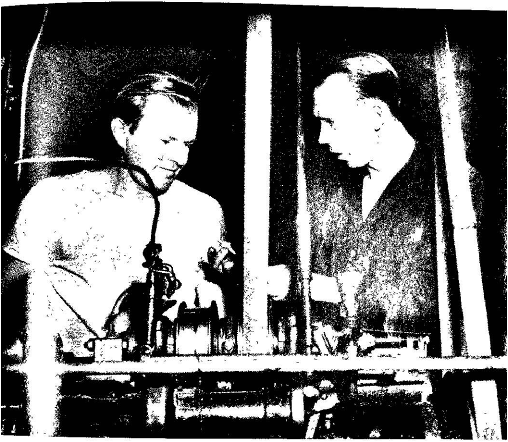
Aids to assimilation. *The Good Neighbour* and *The New Australian* are monthly news-sheets, the one aimed at the Australian population and the other at the immigrants. They have appeared steadily since January 1949, and along with two films, *No Strangers Here* and *Mike and Stefani*, comprise an energetic attempt by the Australian immigration authorities to explain each group to the other and to bring them closer together. Both the news-sheets and the films are well produced; their weakness seems to be that they do not reach the masses, but preach to the converted.

Training for resettlement. Although the accommodation is so crowded, this group of immigrants to Israel look happier than is usual in immigrant camps there. They are at one of the few training centres, and hence they may have a feeling that they are getting somewhere.

Invalid resettlement. In the new settlements in Israel, the small stores, such as this one, are reserved for specially handicapped cases. Such an arrangement, where successful, is the best form of rehabilitation, and this storekeeper seems to look proud that he is able to play a useful role in his community again. The clothing of the customer may serve to remind one that cold is an unexpected snag which the immigrant to Israel must meet.

Australian Information Bureau

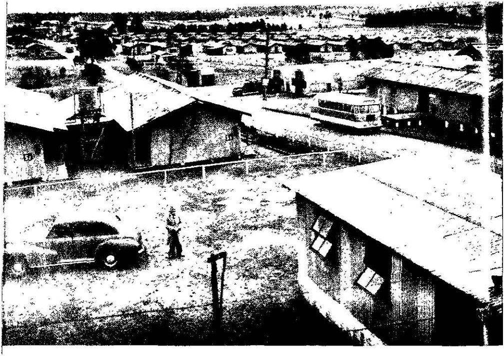
Economic assimilation. A Lithuanian immigrant in skilled employment in Australia. He arrived under contract to do two years general labour under government direction, and at the time the photograph was taken he had done 18 months of it. When his contract expires there is a 66 per cent chance that he will remain in the job. Labour turnover in Australia was at one time remarkably high and it is reported that the newcomers, when freed from their contract, generally show a lower turnover rate.



Australian Information Bureau

M. I. D. S. LIBRARY MADRAS

Ambition. Recovery or improvement of social status is always the refugee's aim—much more so, for instance, than in the case of non-refugee immigrants like the Puerto Ricans described in Past Three, Chapter II. This Czechoslovak refugee, learning a more skilled engineering job than he had had previously, is also, between shifts, studying medicine at the local university.



Australian Information Bureau

Social isolation. Great Immigrant Centre is one of the camps in Australia where wives and children live while the men work in some other area, sometimes a hundred miles or more away. Such camps are usually ex-army bases, far from any large town. Their welfare facilities are good and the surrounding countryside is often attractive, so that there is less friction than might be expected. But the very high cost of travel is a great burden on the family, and religious leaders were reporting the situation to be a cause of divorce. Assimilation cannot be expected to proceed well under such circumstances, and in the survey of resettlement in Britain summarized in Part Three, Chapter III, such accommodation was shown to be the greatest obstacle to the newcomers being accepted.

Picture Post, London

[library stamp]

Social assimilation. A Lithuanian miner in Britain apparently perfectly at home not only with the family he lives with, as shown here, but also with his workmates. But this particular refugee had lived in Britain before and had been something of a traveller, so that he had had previous experience in adjustment. In private lodgings such as this assimilation has the best chance.

XXVI

Australian Information Bureau

Keren Hayesod

Dependency. Among the people whom the Jewish Agency brought to Israel were many who are never going to be completely self-supporting. In this queue at the Jewish Agency offices in Tel Aviv one is struck by the great variety in age and physical condition. This is the sort of group one would find at the Social Service department office, each needing, and as far as possible receiving, individual casework.

Success. To have a house and land of one's own is the peak of ambition for most refugees, for land means roots and one's own house is somewhere where one is beholden to no one. The family is Polish; the country Australia. They were resettled under the Polish Resettlement Act from Britain, instead of as D.P.s, and not having the same contract they were probably able to move more quickly into the higher economic level for which the husband's training as an airman would have prepared him. For most refugees the possession of their own house must remain a dream for many years.

International Refugee Organization

Left behind. For some refugees, resettlement will have to take place in their country of transit, since no other country will accept them. When last heard of this Ukrainian family constituted part of the D.P. 'hard core' in Germany. Their train was blown up when they were being transported to a slave-labour camp in 1945 and father and son were both so seriously injured that most resettlement schemes would not consider them. Yet three members of the family have managed to find work, and resettlement may succeed without migration simply because the family obviously possesses courage and an ability to face reality.

lines. For instance, a personal communication states: 'It is as if the mind of my father (behind the Iron Curtain) were "off the air" in about the same manner as a radio station is off the air. True, I have not had any clear ideas or messages transmitted since long ago, there has only been a feeling like one has when the radio station puts power into its antennae in the early morning before the programme comes onto the air. Perhaps my father has become so weak that no clear and forceful ideas can be sent by his mind.'

It is not possible to tell how many of such reports were mere phantasies and how many had some element of truth in them, explainable by Professor Rhine's Psi-capacity, or some related theory. The questionnaires received by the writer did not furnish clarifying material, although 38 per cent reported having had telepathic experiences, and 29 per cent prophetic ones. The need to be ready at all times for immediate evacuation, especially from the large camps near the inter-zonal border where the authorities could not be expected to act in time, meant that everyone had to gather all kinds of information to ensure his survival. In such unpredictable times no-one cares to take the responsibility of advising his neighbours what to do next. Hence each individual had to try and read between the lines and if possible develop some kind of extra-sensory perception, telling him when the time had come to leave immediately. In such a psychological atmosphere it is not possible to check how many of our conclusions can be deduced from the information available, how many of the escapes, thoughts about those in danger, etc. can be explained by logic, wishes, conditioned reactions and the like, and how much might be attributed to something like extra-sensory perception. An acquaintance of the writer, a physician, said 'I have not yet returned your questionnaire because I cannot decide about the questions on dreams and premonitions. I have had many such cases but I feel all this does not belong to a scientific study.' And the questionnaire probably remained unfilled, probably revealing one of the causes for the scanty information which the questionnaires offered on this point. Whatever is the answer here, there would appear to be sufficient evidence to suggest that a contributory factor in the present picture of apathy was preoccupation with things outside the present environment.

Another of the less tangible factors might be called lack of continuity for mental development, a reaction to a too rapidly changing environment. The Baltic refugee's life, both in the camps and previously, can be seen as a succession of interruptions. Let us look back at the nine years prior to the time under consideration, forgetting the upheavals of World War I. Since 1939 there were at least four major periods: first, life in one's own independent democratic republic; then the period under the Communist régime of 1940-41; then three years of Nazi occupation; then flight and liberation by the Western allies; and finally life in the D.P. camps. During the Russian and Nazi régimes especially there were many interruptions of one's activities; so many contradictory commandments to obey that life became a potpourri of short meaningless fragments, instead of a clear

symphonic line. For a while these factors seemed to have left no specific after-effects, not much that could be predicted from the psychology of unfinished tasks. But on certain occasions it became apparent how much these influences had sunk into subconsciousness, and how effective they were. For example, people who knew themselves to have maintained a nearly normal blood pressure were found on medical examination for emigration to be on the margin of unacceptability through hypertension and had to take sedatives. Certainly, whatever earlier frustrations there had been were greatly intensified by the frequent interruptions and disturbances of camp life. Transfer from one camp to another often meant unusual physical effort to make heavily damaged buildings livable, and this naturally resulted in feelings of futility and of resentment at being forced to rebuild the same Germany that originated the war and brought misery on all the people.

The extremely compressed living quarter in the camps meant additional small interruptions, especially for those trying to solve their day-to-day problems or to do some writing or research. People did not realize what they were doing when interrupting their fellows' thoughts with frequent questions. Ideas just conceived were killed at the stage where one began to develop them or to find the appropriate expression for them. No wonder that only the simplest thoughts, heavily loaded with emotions, could be elaborated. As a rather extreme example of those difficulties one might cite the case of the young man preparing for his doctor's examination at a German university, who had to work in a large room divided into 'family compartments' by means of blankets and cardboards, while behind these blanket walls a group of maladjusted countrymen were trying to forget their sorrows in noisy consumption of alcohol.

Of course, a self-defence mechanism often developed which helped a great deal; a partial shutting off from the environment, sometimes only leaving as much connexion with the outside world as was necessary to answer 'Yes sir' or the like to anything that sounded appropriate. But a generalization of this mechanism could create inconveniences under more normal conditions when it was important to listen carefully and understand fully. For instance, one of the writer's colleagues became worried about a possible beginning of deafness, some symptoms being manifest in his everyday life with his family in a camp room. However, numerous conversations on scientific matters revealed not the slightest impairment of his hearing sense. Hence it took time even for students and teachers to find out what kind of special self-discipline had to be established in order to avoid mental degeneration—a discipline which might seem nonsensical to outsiders until they found that there was no other means available.

The lack of continuity and the frustration of interrupted tasks which we have just described are not usually to imply deeper changes in the personality; but in the present case it is clear that such changes had occurred, so that loss of continuity of personality must be noted as another and perhaps

more serious factor in the picture. The upheavals which we have described did not act only as interruptions; they destroyed many habits and traditions, leaving nearly no automatic response mechanisms to guide in ordinary life. Personal traditions had been weakened during the Russian occupation of 1940-41 when people deliberately destroyed their souvenirs. This destruction was in order to prevent the MVD (the omnipotent and terroristic Russian police) getting hold of anything which might lead to further interrogations or arrests. Moreover, everyone was preparing for possible arrest and none wished his pictures, letters, diaries, etc., to be strewn to the winds after he had been deported to what was officially called the 'better land for living' (Siberia). So, as there were few family or personal souvenirs, imperishable and easy to carry, little help was available for keeping up the ties between past and present. National traditions were even more easily destroyed, for the Baltic nations had only recently gained independence. Their intelligentsia, for instance, had had only a single generation to accommodate themselves to their specific life-style. Hence many habits and traditions were to vanish easily, and life became difficult, demanding creative efforts for many trivial activities. The Estonian refugees described this process in a single word, 'Dipiistumine', meaning 'becoming a D.P.'—losing the habits and social code of normal life.

Naturally, there were some things that remained—family, such as survived; native language and native schools for the children; the churches; national and European literature and culture; occupation, for such as were fortunate enough to be able to continue it. Among these factors the language was probably the most important, because of its continuous use by everyone. We can assume that the nationally organzied D.P. camps contributed a great deal to the mental health of their inhabitants.

There seems to be no absolute necessity for such shock as we have described to produce evil effects. It might even be expected to counteract the human tendency to become mentally petrified when living and working in an unchanging environment: to counteract the danger of losing adaptability and creativeness. But in the case of the refugees the limit of tolerance had been reached. Speaking metaphorically we might say that arteriosclerosis in the brain had been removed and prevented so thoroughly as to soften also the bones of the skeleton. And no-one knew how to keep process under control, for even people who were supposed to know, ministers, psychiatrists and psychologists, for example, had themselves undergone this 'cure' and were partly disabled. Moreover, the refugees suffered from another deficiency. In addition to being cut off from their traditions, they were also cut off from the future, a situation comparable to a train with engines before and behind, both of which fail. As mentioned earlier, a considerable number of refugees had little prospect of emigration, while those who were so qualified did not know what language to learn, or how to prepare. The alternative, repatriation, was just as gloomy, with no hope of personal safety or of liberation from the Russian occupation.

In addition, this outlook also brought up the question of the fate of the whole nation. It was believed that extinction was going on at about the same rate as during the first occupation of 1940-41—five to six per cent of the population eliminated in a single year—and the question arose in the minds of the refugees whether they were soon to become 'The Last of the Mohicans'. If this were so they had the further problem of considering what would be their duty in such a case.

The D.P. thus lacked both guidance from tradition and inspiration from the future, and each had to rely upon his own thinking to develop some kind of practical philosophy of living, if he were to survive. The following quotation from an Estonian refugee teacher gives an excellent description of the situation.[1]

> 'People of our times have been accustomed to live in a firmly established social structure, accustomed to obey certain rules and laws. At least in our homeland it was so. In the D.P. life the people have to follow only their *own* moral codes and moral experiences. So much cannot be expected from the majority. As a consequence the people "lose their heads". ... Orders and laws are violated because there is nobody to watch the obedience of these laws; quarrels are common because there is nobody to make one ashamed of oneself.'

Another teacher gives the following summary:

> 'Life has taught me that honesty and love of truth can bring only difficulties and sufferings (screenings); according to my observations power alone dominates the world ... justice is only relative, and favours the strong.'

A third:

> 'Honesty, straightforwardness and civilian courage have become bankrupt. My pupils, to whom I taught these virtues, were in great peril during the dictatorships.'

A craftsman:

> '... an understanding has been created that the life of this world is dirt. There is much talk, but little real action. Force and not justice is governing the world.'

This difficulty in working out a personal philosophy was not only related to general factors: there was the problem of working out a personal morality which could cope with the difficulties and petty injustices of everyday D.P. life:

> 'A D.P. is not allowed to travel into another zone. But I must go there. Nothing is left but to go without a permit.' 'My family doesn't have enough fat. It is impossible to buy it through regular channels, I get it in the black market.' 'My family needs decent clothes and shoes. With the things IRO gives us we would look like beggars. I cannot buy them openly, so I buy them in the black market', confessed a third.

[1] This and the following passages are translated from the aforementioned questionnaires.

These difficulties were not always regarded as petty. The earnestness with which the problem was faced and the crisis in the understanding of moral codes which it posed can be illustrated by this further answer from the questionnaire:

> 'Had the displaced persons strictly followed all the orders issued to them, most of them would have been dead because of starvation or of diseases caused by malnutrition. Certainly, I have always been for obeying laws and for myself have tried to do this as much as possible. Therefore I have suffered more than the average displaced person. But even with the best will one cannot honour all the orders if one is to preserve life. For example, one cannot condemn the mothers who are getting food and even medicine from the black market for their malnourished children. One cannot condemn the veteran invalid who got forged papers entitling him to care in a D.P. camp. One cannot easily accuse wives whose husbands had been deported to Siberia eight years previously and had almost certainly died there if these women had created a new family and, in order to legalize their marriage, had used forged papers when they could not get a divorce and their husbands were not recognized as lost. It is difficult to accuse wartime orphans who have been educated by the world... if they come under evil influences and have violated the laws.'

With such details in front of us we can understand what an academically educated woman meant by the following statement:

> 'There was a crisis due to the collapse of the old traditions, beliefs, and hopes. The symptoms of this crisis were depression and nervousness.... The result of the crisis is a new morality—if one can call it a morality. It is as follows: to ignore the orders if it is necessary for the welfare of oneself, one's family, or one's kind, while at the same time avoiding crime against one's fellows.'

This conclusion is probably one of the best worded of the practical rules of living developed by sensitive refugees.

Another thing that happened, similar in its effects to this lost belief in the meaning of justice, was that during the numerous upheavals, imposing controversial ideologies upon the people, a deep and drastic separation of words and meanings was experienced [43]. Normally it takes much study and exercise in semantics to realize that words and meanings are not inseparable entities: and so it was a painful experience. One personal comment to the writer was 'I guess I have now an idea what a brain operation may be like'. The task of orientation in such a world was something like learning to walk with eyeglasses showing everything upside down. Hence one felt in the air a touch of unreality or of being in a dream.

In certain situations this separation of sound and sense, however, had a deeper effect, producing an ambivalence of feelings or an approach-avoidance conflict. In part these ambivalences and conflicts were historically induced, earlier positive and negative feelings in relation to Sweden, the Western allies, Germany, etc., being in conflict with the feelings created

by present realities such as the Allies' apparent friendship with the Communists, the fact that the Germans had been in one sense liberators, etc. In part they were created by stimuli towards doing what was felt to be impossible, such as the official encouragement to return home (which meant death or another exile) or to emigrate (while the gates of immigration countries were not yet open wide enough). These conflicts were not based on some delusion of persecution depicting all kinds of imaginary difficulties. The conditions which have been referred to in the last paragraphs have been attested by independent witnesses. For instance, a letter published by the *Manchester Guardian* from a British officer serving in Germany states: '... I think if people really knew how D.P.s are treated they would be horrified.... Military Government hates the D.P. question because it sees no way of solving it other than by their absorption into the German population.... In the last months... all their moves are obviously designed to make the D.P.s so uncomfortable that they will give up D.P. status. The poor devils have no security, and no future to look forward to....'

From all these biological and social upsets it is not surprising that the most conspicuous of the psychological effects to be observed was a disturbed emotional balance. It captured the refugees' attention, bringing into their consciousness that something was already wrong with them; that they were getting towards a dangerous stage. One of the author's respondents, a middle-aged Estonian woman, wrote: 'In the past I was able to experience joy heartily, but since June 1941 (date of the first mass-deportation in Estonia) no more.... Even if there is something to enjoy, painful recollections kill at once the little gaiety. It is as if I would sin if I should feel joy for a moment, and this is always so. I am sorry about that. My mouth is singing but the heart worries, and I am never entirely free from that.'

Another woman wrote: 'Outside of working hours I make an impression of being joyful and energetic, but only a few of my friends know that I am out of balance and at times despondent, and they try to help me. But... in such cases it is very difficult to help another person.'

During a preliminary survey the writer was impressed by the almost complete absence of joy and happiness among the feelings and emotions mentioned in the answers to corresponding questions. Even during periods when hopes were rising high for most of the refugees—as at the end of the war, when D.P. camps were created and hardships were believed to be at an end—even then joy and happiness was mentioned rarely as compared with their opposites: sorrow and dejection. At the time of the study younger people had hoped for emigration but their feelings of joy still remained greatly subdued. We can understand this reaction, for emigration meant going farther away from one's homeland, separation from friends and even from older members of the family. Putting together fragmentary information leaking through the Iron Curtain, one got the impression that even

the liberation of the homeland would not give back the environment one knew before the flight—too many friends, homes and beautiful woods would be missing. A revival of situations where one could expect moments of undisturbed gaiety, as in childhood, was made impossible.

Under these dark prospects many tried to obtain a semblance of joy by means of alcohol. But, as one of the respondents observed, because of scanty food tolerance limits were reached too fast and one was narcotized before he could enjoy the artificial ecstasy.

The extinction of genuine gaiety was probably one of the striking experiences showing refugees how the immaterial and invisible part of personality can become tangibly mutilated. And the consciousness of having an injured emotional life in turn increased anxiety, often raising the question: 'What if the illness should grow worse, as every malady can do?'

It was as a result of all these factors that there developed one of the most depressing sides of D.P. life—the feeling of no more being a personality. It is one of the most difficult factors to describe, for it is almost impossible to describe a 'nothing' so as to convey its due weight and emphasis. One of the writer's respondents stated it in the following verse, called the *'D.P.'s Song of Songs'*:

> Would you please excuse me
> That I nothing know,
> I am only a number
> In the IRO long row.

Another respondent made this emphatic remark after the concluding sentence of the questionnaire ('We are *not* asking for your name'): 'Because I have *no* name, I am merely a number!'

The individual thus had no name, no duties or social position that would distinguish one from another consumer of goods donated by the free world; just another user of a four-square-yard living space, a burden for already overcrowded Germany. Even if one had a position in the camp, it was only a position in an 'as if' life. And on many occasions the number of the identity card seemed to be more important than one's name, which meant the cessation of recognition of one's uniqueness and worth. Thereby the outside world had confirmed what had been vaguely felt by the refugees themselves (cf. 'Dipiistumine'). Probably it was something like hearing a verdict or being pronounced dead or incurably ill, thus adding a fully conscious finality or irreversibility to one's inarticulate, half-repressed self-diagnosis. It was not just the climax of reaction of intropunitive personalities—questions designed to differentiate between intropunitive, extrapunitive and impunitive personalities showed that the overwhelming majority frankly put the blame for all the hardships upon the Reds, Nazis or all who did not understand the world situation. The fact was that an erosion of the personality had taken place: the super-ego had to undergo a restructuring—a building of a new morality, a new

philosophy of life; the ego was weakened by cutting off the ties with the past, by disintegration of habits and skills that had become worthless in the new environment; and even the id may have been changed—the basic drives being weakened by undernourishment and prolonged stress. Any enhanced activity to build up a new personality seemed to be of questionable value—the future seemed so uncertain, and the orientation so difficult.

But, as the experiences in emigration have shown, there still remained an undercurrent of hope and the possibility of starting new activity. Except for a minority, and although some residual effects or deformations could probably be found in most cases, the personalities maintained a hidden power of recovery.

PART THREE

Normal Resettlement

CHAPTER I

The Conditions of Resettlement

by
H. B. M. Murphy

Resettlement begins when the refugee ceases to regard his state of life as a purely temporary one and begins to plan for a future based on his present environment. The planning need not have been very conscious —some individuals never consciously make plans—and ideas of a change of life later, by repatriation for instance, under a new régime need not have been abandoned; but some mental gesture of acceptance of current conditions must have been made. Where this is not done, as happens with those people whose minds remain wholly in the past, or with those who live an asocial life from day to day, then resettlement cannot be said ever to have taken place. Resettlement need not be to some new country; it may be within the refugee's original country, or in a country which has previously been regarded as a place of transit or even of persecution. (It may even, hypothetically, be within sight of one's old homestead if conditions of war or other disturbance have so changed the appearance of the countryside that nothing remains of the old life; but we will not deal with this last situation here.) The process implies a pushing out of new roots, and an acceptance and nourishing of these roots by the new environment.

In practice, resettlement of the stateless refugee usually means a further change of country. There are 150,000 non-Germanic refugees in West Germany at the moment, the majority of whom are expected to stay and try to resettle there; but this figure is what remains out of some millions who have emigrated elsewhere. The countries immediately bordering some disturbed country are too commonly crowded and disturbed themselves to allow resettlement to go on smoothly. Greece, for instance, has even today not been able to offer reasonable conditions for resettlement to the post-World-War I refugees from Asia Minor, and her own ethnic refugees of 1941-42 are still in camps. But whereas for such bordering countries it needs a special degree of resolution to refuse asylum to refugees, for other countries it needs a special degree of resolution to decide to accept them. That degree of resolution is almost never fully achieved, and hence there is no country in the world which accepts refugees without conditions and accords them the same rights which they had possessed in their former country

The commonest limitations relate to matters which might form a liability to the new community: poor health for instance, or a criminal record, even though that poor health or record has been a direct result of displacement. The next commonest type of restriction relates to the risk of economic competition with natives belonging to some pressure group, the restriction often being disguised as a concern for professional standards. The most notorious pressure group in this respect is the medical profession—even in the African colonies where there is only one doctor to half-a-million people there was a protest at the introduction of refugee doctors—but most of the other professions, certain trades, and even whole industries where labour is well enough organized are initially closed to refugee immigrants in some country or another. A further restriction which many countries impose is the need for individual sponsorship. Hence, as was remarked in an earlier section, the search for a country in which to resettle faces the refugee with many problems, and the restrictions which he finds himself up against have a definitely adverse effect both on his attitude to his prospective country and on his outlook generally. It is not the purpose of this book to explore the need for or effectiveness of immigration restrictions, whether applied to refugees or to others. The case of Israel, which will be discussed later, is a completely abnormal one, illustrating not so much the economic burden which refugee immigrants can impose on a State, as the need for relating such immigration in a realistic manner to a country's economy. The picture presented by Maurice Davie's *Refugees in America*, on the other hand, where the advantages of refugee immigration are fairly clearly stressed, is equally an abnormal one, since the group discussed were almost wholly middle class and were self-selected in the sense that they had agreed to answer a questionnaire on their resettlement. In fact I do not know of an objective evaluation of such measures and I do not believe that such can be made, except for the most extreme cases. Humanitarian feeling and economic profits are not commensurable, and in the question of refugees they must both be taken into account. All that it is appropriate to remark on here is the psychological result of such restrictions. There can be no doubt that the more a refugee sees himself regarded as a unit of manpower, or as a cipher in some great scheme, or as an *Untermensch* unfit to be permitted more than the simplest form of labour, the more depersonalization occurs and the less easy adjustment becomes. Not all refugees have taken to flight for ideological or ethical reasons, but these factors do often play a part and such people are particularly apt to become disillusioned, and hence asocial, if there is too great a discrepancy between the vague principles put out by their prospective country of resettlement and the way in which they are actually treated by it. In the clash of ideologies which we are observing in the world today this correspondence between principles and practice is often ignored, and refugees are among the chief sufferers.

The problem of getting accepted by a country of resettlement, being therefore outside our scope here, we may regard ourselves as having considered the refugee while in transit and go on to consider the conditions he is likely to meet when he has taken the decision—and has been accepted by some country—to attempt resettlement. These conditions fall into two main classes, according to whether the individual had come under some mass resettlement scheme or has been individually sponsored, the former being the more important from our point of view.

The mass resettlement schemes nearly always entail (a) the splitting of families; and (b) the continuation of camp life. The splitting of the family may be more or less permanent, in the sense that some member has to be left behind in the transit country for reasons of health, age or employment status. Sometimes there are prospects of later reunion; often there are none. For the refugee this separation entails much more mental disturbance than would be the case with ordinary immigrants. Not only are the rejected members to be left in most unsatisfactory living conditions, but as the refugee has lost his country his dependency on his primary group, his family, is much greater. Hence in many such cases the resettlement is already doomed to failure. The IRO 'hard core' files contained many instances of whole families refusing to accept emigration because one member had been found ineligible and although I have no figures there is no doubt that many D.P.s 'resettled' under early schemes in which dependents were not unconditionally accepted, voluntarily returned to the D.P. camps in order to seek some other alternative where family life was more possible. For it is necessary not only to have the legal permission to have dependents with one; the practical possibility must also be there and wherever mass immigration schemes are organized there is likely to be an acute shortage of accommodation in the areas where such immigrants have been sent to work. Usually, therefore, mass resettlement schemes make use of camps or barrack accommodation close to the employment areas while holding the families behind, either in transit camps or in special areas where accommodation is more liberal but where the employment demand is small. Later the workers' camp may be turned into a complete family colony. But certainly, for either worker or dependent, a continuation of camp life is common.

The physical nature of these camps naturally varies greatly, but the disadvantages mentioned in an earlier section—crowding, lack of privacy, lack of amenities, and impermanence—are usually present. Occasionally, as for instance in a timber camp, the small size, isolation, and sharing of conditions with non-refugees result in an atmosphere wholly different from that of a D.P. camp, and a strong community spirit can be built up. Alternatively, the management may be put on a democratic basis, the sense of impermanence be relieved by a frank declaration of future possibilities, accommodation be put on a reasonable family basis, and thus again a healthy community spirit is provided, without too much

feeling of being pushed aside. Usually, however, the camps are little better, either in amenities or in atmosphere, than the transit camps which the refugees have left, and they tend to perpetuate the sense of isolation from the surrounding community without permitting the development of any more limited group-feeling in its place. Yet such camps are not completely without their advantages. Just as the D.P. camps offered a supporting atmosphere to the newly-created refugee, so these resettlement camps likewise offer some support while the initial problems of adjusting to new conditions are being faced. It is undoubtedly true that many refugees arriving in a resettlement camp in some part of the British Commonwealth felt more at ease and less insecure than the isolated refugee arriving in an American city. The mass schemes supplied a paternalism which was useful in helping the resettling refugee to make his first steps into a new existence.

Employment conditions on resettlement vary enormously. In most countries some definite employment is envisaged or guaranteed, either officially or by an individual sponsor, at the time of acceptance, and usually this employment will be at the rate of pay received by native workmen in that occupation. (In this the ILO and the successive international refugee bodies have been very active.) Occasionally, however, the employment position may be very poor—as in Germany and Israel—or the sponsoring agency may do no more than provide passage and lodgings for a few weeks, the individual finding his own employment as he can. In general, the greater the security offered, the more unskilled and unattractive the work will be, but this rule is not universal. Similarly, it is the general rule that refugees will enter the occupational ladder at a lower level than the point at which they left it, but again this is by no means universal. Apart from the unskilled labourer, who cannot go lower, there are certain skilled occupations which command employment anywhere in the world (the Jewish organization ORT was very apt in seeking such occupations out and in training individual refugees for them), and there are certain parts of the world where any skill is at a premium.

In all the mass schemes direction is relaxed or withdrawn after a limited time, when the refugee usually becomes free to seek employment and accommodation where he will. In some countries he remains an alien who must report to the police wherever he goes or must obtain permission before moving; but such arrangements are becoming uncommon. If he pursues a particular trade or profession, he may for a further number of years be debarred from carrying it on in the main centres of population, but usually within from three to five years he is completely free and in possession of all the liberties of a citizen, except perhaps the possession of a passport. There are some countries, however, which never accord full citizenship and in which, in consequence, resettlement must always be precarious, while there are others whose laws debar any foreign-born certain occupations.

Under individual sponsorship the economic position after the first few months is usually better, for the individual refugee has more opportunity to enter some field in which he can apply previously learnt skills. Hence assimilation to the economic pattern of the country usually occurs more rapidly, and for the more able, more articulate, section of the refugees this form of resettlement appears to be favoured. It is not without its disadvantages, however, since it throws the individual much more on his own resources, and if he has been badly affected by his displacement then these resources may be inadequate for the task. Hence where there is a relief agency to help such people, they often lean heavily on it, while at the same time showing ambivalent feelings which interfere with their adjustment. From reports of such cases [103, 104, 137, 138, 143, 144] it is my impression that they would settle better if their initial steps were more directed, as in a mass scheme. The advantages of individual sponsorship are particularly great where the individual possesses some capital. Table 1 shows the occupational distribution of a group of pre-war anti-Nazi refugees to Australia, before and after resettlement. As these cases travelled at their own expense under individual sponsorship they were obviously not penniless, but the extent to which they were able to re-enter and succeed in their own occupations is remarkable (though since the analysis is based on questionnaire answers, it cannot safely be taken to represent the fortunes of the whole group).

A more representative picture of refugee social status seems to be given by the recent study of Estonians in Sweden, by Merendi and Pohl. From a 'stratified sample' of 300 workers in an industrial town it appears (Table 2) that in an average of five years after resettlement the degree to which social status has been regained varies significantly with education and age. Roughly speaking, we may infer that whereas at least half the young people with higher education have regained something like their former status, less than one-fifth of the older people with the same education have done so. For the less educated, age ceases to be significant, and less than a quarter of them regained status.[1] To what extent such figures are representative of refugee resettlement in the world generally one cannot tell, for Sweden presents certain occupational advantages which are not found elsewhere.

The third important factor in resettlement is the relation which develops between the newcomers and the natives of the country, for roots only grow where the soil is prepared to receive and nourish them. As a general rule it may be said that relations between refugees and inhabitants in countries of resettlement are good, or at least not hostile, whereas in border or transit countries in which resettlement is being forced, they may be

[1] But it is not clear to what extent this loss of class is real either in terms of material prosperity or of subjective feeling. A peasant farmer coming to town and obtaining a position as a skilled craftsman in a factory may feel no loss of status. Merendi (op. cit.) uses six social classes to analyse this material, but I was unable to follow the reasoning whereby he chose them.

Table 1. Pre- and post-migration occupations of 610 pre-1940 refugee immigrants to Australia, as given in questionnaire answers, in 1949. One man in six of the sample had been in a concentration camp. (Based on tables published in *The New Citizen*, Sydney, 15 June 1950.)

Occupation	Pre-migration		Post-migration		Difference		Percentage change	
	M.	F.	M.	F.	M.	F.	M.	F.
Professions (total)	101	49	96	41	−5	−8	−5	−16
Medicine and dental	33	8	29	4	−4	−4	−12	−50
Legal	19	0	4	0	−15		−80	
Others	49	41	63	37	+14	−4	+27	−10
Students	18	13	18	13	0	0	0	0
Commerce and trade	95	40	72	51	−23	+11	−24	+27
Manufacture	92	22	126	48	+34	+26	+37	+120
Rural	3	—	15	—	+12	—	+400	—
Housewives	—	155	—	139	—	−16	—	−11

Table 2. Pre- and post-migration social class of 300 Estonian refugees in a Swedish town about five years after migration (after Merendi [126]).

Age and education	Social class[1]	Pre-migration		Post-migration		Difference		Percentage change	
		M.	F.	M.	F.	M.	F.	M.	F.
School cert.	A	6	3	5	1	−1	−2	−16	−66
Under 40	B	21	17	16	5	−5	−12	−24	−70
	C	—	—	6	14				
School cert.	A	11	—	2	—	−9	—	−81	
Over 40	B	4	4	1	—	−3	−4	−75	−100
	C	—	—	12	14				
No school cert.	B	46	48	9	6	−37	−42	−80	−87
Under 40	C	27	23	64	65				
No school cert.	B	37	30	5	3	−32	−27	−86	−90
Over 40	C	8	15	40	42				

1 Social class A = professional and managerial, the latter extending down to include senior officials. Social class B = clerical workers, small employers and self-employed. Social class C = manual workers, skilled and unskilled, and farm labourers.

poor. Among factors which lead to friction in the latter cases are the differential treatment usually accorded to 'ethnic' or native-born refugees, and to alien ones; the history of past friction between the two races; the political insecurity of states bordering a country in which a recent political upheaval has taken place; and the generally poorer economic possibilities. In the true countries of resettlement, on the other hand, the resolution necessary for opening their doors is probably insufficient unless there is considerable latent good will towards the refugees already present. The presence of initial latent good will, however, does not always mean successful resettlement, while the presence of a certain amount of hostility may not be a complete barrier to it. The resettlement of Spanish Republican refugees in Mexico aroused intense opposition from the church party there and was carried through by the President against the opposition of the legislature. Yet this very opposition encouraged the pro-refugee party in the country to special efforts, and resettlement is reported to have been unusually successful. The degree of difference between old and new cultures is also an important factor here, the wider the gap the greater being the strain. But again there are exceptions; we must remember that it is usually between closely related beliefs that friction is most marked. The attitudes shown towards ethnic refugees in Germany and Finland was thus cooler than that found in most other resettlement situations.

There are many other factors which affect resettlement besides the three main ones which I have mentioned, most of them much less important, but collectively of decisive significance in special situations. An obvious case is the degree to which refugee immigrants are encouraged or permitted to form their own colonies, or the degree to which colonies of the same ethnic origin already exist there. It is impossible to predict the results of resettlement from any one or even any of two of the main factors. The prewar anti-Nazi refugees in Australia, for instance, met with remarkably favourable living and employment conditions, while the initial attitudes towards them were quite friendly. By the end of the war, however, their very success in economic resettlement had resulted in the development of a very strong feeling against them in the country—for instance a nationality preferences poll conducted in Melbourne, in 1948, showed that 58 per cent of the sample would keep Jews out of the country completely; this percentage was topped only in relation to the Negro, and was much higher than the figure for Chinese (27 per cent) [130] so that they were in 1950 showing definite signs of withdrawal from the surrounding society into a society of their own, a state of affairs which cannot be called successful resettlement. On the other hand, the initially unfavourable conditions offered displaced persons in Britain (they were offered a work contract, renewable at yearly intervals only, and with no guarantee of citizenship or of family accommodation—see Part Four, Chapter II—have apparently been overcome with moderate success. Hence it is impossible to predict the outcome of resettlement except in the most obvious cases. Certainly,

resettlement cannot be taken to have succeeded only because the transplanted refugees stay till their death in their new land.

The chapters which follow this, therefore, will not give the reader a straightforward answer of what to do to produce the best resettlement conditions for refugees. They are designed to show a variety of conditions and a variety of responses, none of them ideal. None of the chapters gives the complete picture of one country's conditions, or the complete picture of one aspect of the problem. But they may be looked upon as presenting different facets of the central situation; so that by the end we may have presented the reader with a sense of the core of the problem together with a variety of observations some of which may be of use in the more common situations met with.

CHAPTER II

A Comparison of Refugee and Non-refugee Immigrants to New York City

by

Miriam L. Gaertner

[Editor's Note: In discussing the reactions of refugees to resettlement it is useful to remember the variations which cultural background may introduce, and the behaviour of other forms of migrant to a resettlement situation. The refugees described in the present chapter are not the same people as have been discussed in the last three or four. They were for the majority well educated, middle-class, west Europeans, as compared with the poorly educated, lower class, east European of the D.P. camps. They had suffered persecution and exile just as severe as that experienced by the D.P.s, but most of them had not experienced the depersonalizing effects of long waiting in the uniformly depressing conditions of the D.P. camp, or the long years of slave labour outside their own country. Despite the difficulties which caseworkers met with, this group have by all reports shown an unusually rapid degree of adjustment and economic success in almost every country in which they have settled, whereas the D.P. refugee who succeeded him appears to be making much slower progress. To what particular factor or factors in their background this difference is due is not yet clear, but the reader should note that the pattern of resettlement shown in this chapter is not typical of other groups of post-war refugees in the U.S.A. Information about the latter groups is not yet easily obtainable, but papers in *Social Casework* and in the *Jewish Social Services Quarterly* (see bibliography) give an indication of the greater adjustment problems which have since been met with.—H.B.M.M.]

This paper dealing with the resettlement problems of European refugees and Puerto Rican migrants in New York City is based on social work observation.[1] Although the material was not gathered by any scientific method, the fact that social workers have repeatedly noted the same characteristics, the same problems and the same responses in the two groups, points to the validity of the observations. It may perhaps be argued that only certain kinds of individual seek social service assistance. However, the majority of the European refugees became known to social welfare agencies through the programme of sponsoring refugee immigration to the U.S.A. or of welcoming newcomers, and in the case of the Puerto Rican immigrants, such a large proportion were referred or made application to social agen-

[1] The 1947-48 Study Committee of the New York District Branch of the American Association of Psychiatric Social Workers, of which the writer was chairman.

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cies that it seems safe to assume that they constituted a fairly representative segment of the whole migrant group.

IMMIGRATION TO THE UNITED STATES

Consideration of the adjustment of immigrants in the United States during the immediate post-war years can better be understood against a background of the history of immigration in this country.

The United States owes its settlement to a policy of free immigration. The development of the country can be attributed to the work, cultural contributions, ideas and dreams of immigrants of all nationalities and religions coming from all walks of life. From the beginning, the United States has served as a haven for large numbers or persons who had been persecuted for their religious beliefs or oppressed because of their political ideals. Freedom has been the watchword. At the same time, the United States has always symbolized opportunity. Therefore, the recent immigrants came here with a certain marked attitude. The newcomers were received by a country which, despite its internal strength and position as a world power, is so comparatively new that pioneer traditions are still to a considerable extent reflected in the attitude and behaviour of its people.

Fifty million immigrants arrived in the United States between 1815 and 1914. Then the influx tapered off. When the European refugees and the Puerto Rican migrants began to come in appreciable numbers, immigration was at its lowest for many years. This was due to the passing in 1917, 1921 and 1924 of immigration laws embodying qualitative and quantitative restrictions, as well as to the economic depression of the 1930's and the conditions created by World War II. In 1945, when President Truman issued a directive which facilitated the entry of some 42,000 refugees within the framework of the quota laws, this country was no longer used to immigrants and the various facilities which had been organized for their assistance had largely been given up or converted to other services.

Normal immigration to the United States was characterized by the economic motive. Usually the immigrants came singly, although often there were family units. As a group, they belonged predominantly to the lower or lower-middle class and were mainly young male labourers or artisans, or servants. They had little formal education and were seldom able to speak English. They came largely from rural areas or small towns and were accustomed to a comparatively low standard of living. They arrived with little money. The usual pattern was for the breadwinner to come over, establish himself here and then send for other members of the family as he became financially able. However, these earlier immigrants did not always send for their families nor did they always become citizens; a good number came to the United States only to make enough money to ensure a comfortable life in their native land, and they returned home when they considered their savings sufficient for that purpose.

The picture presented by the European refugee immigrants (those who were admitted to the country prior to the Displaced Persons Programme inaugurated in 1948) is different in several important directions. The Puerto Rican migration was in its general character closer to that of the old immigrants although, while they can be termed immigrants, they were not aliens and this made for some differences in their problems and their adjustment here.

The European Refugees

The European refugee movement was a mass migration. It was forced flight from oppression because of Jewish racial descent or political ideology opposed to Fascism. The majority of the people involved had endured some degree of persecution, the Jews as a group and the non-Jewish refugees as individuals. Most of them had encountered great difficulty in escaping from the Nazi encirclement and in arranging to immigrate to the United States. Many had suffered severe hardship—physical, emotional, economic—during long periods passed in concentration camps or in wandering, and in refugee centres where they awaited a means of emigration.

The European refugees settled all over the United States, but the greatest concentration is found in New York City, probably over 100,000 at the time of this study. Of these, more were Christians than Jews. The refugees in New York City were predominantly Russian, Hungarian, Austrian and Polish Christians, Netherland, Russian and Czechoslovakian Jews [108].

These immigrants were largely an urban group of the middle and upper-middle class. Most of them were skilled workers, had been engaged in business or the professions, or were financially independent. They had been used to a relatively high standard of living. They were economically well off and, despite the conditions preceding and during flight, they brought with them more money than is usual with immigrants. They also had a much higher educational level than other immigrants, had been accustomed to cultural advantages, and many of them spoke some English. The refugee group was older in years than is usual among immigrants, constituting a middle-aged immigration with fewer children and more persons over 45. Refugee immigration was largely by families (although there were many separated families among the group because of the exigencies of escape). Most of the European refugees came to the United States with the intention of settling here permanently and becoming citizens. Indeed, a great many of them were either stateless or had nothing and no one left abroad.

The refugees arrived in New York joyously but it was observed that they usually experienced a severe let-down feeling when they had been there for a brief period. So much of their energy had been channelled into the effort to reach the United States that, having at last gained admission, they were temporarily without any subsidiary goals and were too exhausted to plan further. A good many of them, especially the Jewish refugees, were

immobilized in planning for a happier future by guilt reactions stemming from having escaped safely when so many others had either not survived or had been left behind. The refugees were disappointed in many ways, too. It is understandable that in the midst of their hardships in Europe they would have developed an idealized conception of life in the United States which was extolled as the land of the free, the land of opportunity, the land of plenty. It is, however, hard to understand why those refugees who awaited emigration in the refugee centres were not given a more realistic orientation to the current living conditions here and the adjustments that they would need to make.

Reality impinged upon the refugees first in very practical matters. During the immediate post-war years, New York City with its swollen population had a tremendous housing shortage. Many of the refugees found themselves lodged in quarters which not only did not provide the creature comforts for which America is famous abroad but which were not so good as those to which they had been accustomed in normal times, and were much more expensive. This situation was particularly frustrating to refugees, since for them the home holds a special meaning. Jewish refugees, with their family life traditionally centred in the home, reacted the most strongly.

Another practical matter in which the refugees early met difficulty was that of employment. They had usually been willing to accept almost any kind of job in order to ensure resettlement here, but many of them were soon dissatisfied with their work. A number of them were misplaced vocationally, and most had not known that the wage or salary which sounded so big was so little in terms of the very high cost of living. There were also psychological factors: the inability of long-time wanderers to settle down immediately, the loss of status implicit in having to start anew 'at the bottom of the ladder', the peculiar attitudes born of their recent experiences which sometimes made it difficult for the refugees to get along with American superiors and fellow-employees who did not understand them.

Obtaining another job was often not easy in a period when certain materials were still scarce, when manufacturing plants were going through slow conversion back to the making of peacetime articles, when there was fear of another economic depression. Other complicating factors were that the refugees were unfamiliar with American equipment and working methods, often did not speak English well, and that the young refugees had had no opportunity to acquire marketable skills. To add to their difficulties, not only were federal, state and municipal jobs usually closed to aliens but they found that there was a law requiring that war veterans be reinstated in the jobs which they held prior to entering military service and that there was a widespread priority accorded to job-seeking veterans everywhere. Those refugees who had been in business in Europe found the post-war economic conditions here unfavourable to starting a business.

The professional persons also encountered difficulty in re-establishing themselves. This was especially true of lawyers and physicians who, in order to be certified to practise in the United States, had to pass examinations the preparation for which involved considerable time and money. Some of this group were forced to give up their life work and start again in something else. Success in work which one likes to do is such a primary source of ego satisfaction that on the basis of employment difficulties alone many of the refugees were disgruntled.

Educational and training facilities available to refugees who were eager to acquire new skills or to brush up old ones rusty with disuse were very limited. American colleges and universities as well as the trade schools had long waiting lists of those who wished to enter. Two different laws gave veterans entitlement to various amounts of education at government expense, and students whose schooling had been interrupted by military service were given admission priority by the schools. Because the public elementary and secondary schools were also overcrowded, even the refugee children had some difficulty in obtaining the education which their parents had looked forward to for them in the United States.

Another factor making for disillusionment, which was the more devastating because it repeated past experience and was totally unexpected here: prejudice and especially anti-Semitism. When the Jewish refugees went outside of the large Jewish group in New York, there were times when they found themselves discriminated against or unwanted. They encountered this in so-called 'restricted' residential districts, in certain business firms where they were passed by in the filling of job openings, and in the religious 'quotas' of some educational institutions. As could be expected, the refugee Jews were extremely sensitive to such treatment after what they had already suffered.

Refugees who were not Jews also met with some discrimination. The many refugees who had come from Communist-dominated countries sometimes found themselves suspected as 'Red spies', while at the same time they themselves looked askance at some of the American labour union tactics as 'Communistic'. This sort of situation created in the refugees affected a feeling of psychological statelessness. The position of the non-Jewish German refugees was especially difficult because they were automatically considered by many Americans to be Nazis and were therefore most unpopular. At the same time, these people were often unable to find the friendship and help they had expected from longer-settled German-Americans, in New York City many of the latter had Nazi sympathies and considered these refugees to be traitors. In a way, too, they thought of themselves as traitors as well as cowards, because they had deserted the Fatherland in its hour of need. Members of this anti-Nazi group surprisingly tended to develop feelings against the Jewish refugees (or at least unsuspected feelings came to light during interviews); they complained that everything was done for the Jewish refugees and not infrequently would comment, 'It was the

Jews who made all the trouble in Germany'. Of the two refugee groups, Jewish and non-Jewish, it was true that the former had the less difficult time since they were usually taken care of through the solidarity of the Jewish people, who look after their own. However, various sectarian agencies, especially the Catholic welfare services, and non-sectarian agencies as well, gave a great deal of assistance to non-Jewish refugees in their resettlement.

Such experiences as have been mentioned do not make for security, which was basically what every refugee sought. Perhaps hardest of all, many did not find this in their interpersonal relationships either. A good many of the Europeans no longer had any close family ties and had cherished the thought of a distant kinsman or an old friend, or even the friend of a friend, in this country. A pattern frequently observed was the warm greeting between the relative full of good works and the joyful immigrant—followed by a gradual but definite cooling off of the relationship. The relative came to consider the refugee not really responsive, ungrateful and even demanding, not sufficiently impressed by the wonders of America, and noted behaviour not in line with that acceptable here. The sensitive, disappointed refugee came to feel criticized, misunderstood and once more unwanted.

Many observers have commented on the seeming inability of the European refugees to form new personal relationships of any depth. The observation was particularly in relation to those refugees who had suffered the most, the Jews as a group and some non-Jewish individuals. This psychological disability, if such it was, may have been a protective reaction arising out of the fear of making any attachment lest it, too, be severed painfully. It may have been part of a general loss of capacity to feel deeply, in people whose experiences had caused them almost more anguish than they could bear. It may be that in repressing emotions, too terrible to remember, other emotions had been affected by the repressive mechanism. It did seem that the affectional responses had suffered and it is possible that they may have been crowded out by their polarity. Excessive hate feelings had been engendered by the unwarranted, brutal agression and maltreatment. To what degree the disability continues to persist, if at all, is a point which only time can clarify and is beyond the scope of this paper.

Caseworkers often found it not easy to establish a treatment relationship with European refugees. In analysing causes of the difficulty, reality factors must not be overlooked. Most of these people had no occasion previously for contact with social workers; in Europe social work is thought of in connexion with public assistance for the poor or institutional care for the indigent sick and casework as a method of personal help is almost unknown; the casework process is based on democratic principles which are foreign to persons oriented to a Fascist society with its pattern of authority and compliance; and, finally, many European groups consider it poor form to discuss their feelings. In the early days of the refugees' coming, caseworkers were sometimes so shaken by tales of experiences abroad that they temporarily forgot their knowledge of the dynamics of behaviour and

floundered because they erroneously assumed that traditional casework techniques would not be usable with these clients. The refugees probably always had some feeling that the American social worker could not understand what they had been through. Between the Jewish refugee and the Jewish social worker there was a peculiar interaction. The client seemed to feel that he had suffered for this fellow-Jew, too, who was now so ungrateful as not to grant his requests. The worker entertained guilt feelings precisely because he had been safe during the persecution and so he had to struggle with his need to make it up to the client, sometimes adhering to agency policy with unnecessary rigidity as a reaction to this.

Certain behaviour patterns were highlighted in the refugees' contact with social work agencies. The refugees were quick to direct hostility (open or disguised) on to the caseworker when their current problems were not sympathetically solved, and they resisted looking at their own involvement in the situation, projecting elsewhere all responsibility for their difficulties. As a group, the refugees were demanding. There was some implication that they should be compensated for unjust suffering and rewarded for their fortitude. In requesting financial assistance from the private agencies, they often asked continually for more, and complained of not receiving enough. The budgets computed not only permitted a standard of living usually considerably higher than that they had been used to in recent years but were frequently more liberal than the Public Assistance allowances granted to needy United States citizens. Obviously, there was an unconscious basis for this behaviour, and the fact that the monetary requests were so often linked with complaints about not being able to buy sufficient food offers a clue. In many instances, newly arrived refugees ate almost to the point of gluttony[1] and, while many of these people still remembered with fear their near-starvation abroad, their regressive eating behaviour seemed related more basically to feelings of general deprivation. As in the small baby, not only did eating mean self-preservation but feeding was equated with loving. There was also conflict between the wish to be dependent (to be taken care of and made up to for what had happened to them), and the wish to be independent (free of 'charity' and, therefore, superior). This conflict not infrequently expressed itself in somatic form; the refugee became ill, was unable to work to support himself and so had an acceptable reason to be dependent. Although the hardships abroad had not left the refugees in the best physical condition, social workers became familiar with many cases in which medical examinations could find no organic cause for the refugees' physical symptoms. Both demands for financial help and the frequent request for medical care posed a problem for the private social agencies because their resources were limited and the refugees were subject to deportation if they had to seek such assistance from the public, tax-supported agencies.

[1] See also references to this phenomenon in Part One, Chapter II and Part Two, Chapter I—EDITOR.

There were remarkably few instances among the refugees of any extra-legal activities. Probably this was not only because they were fearful of anything which might hinder their remaining in this country but because the pattern of life in Europe had made them respectful of authority.

On the whole, the European refugees were very well accepted here. The chief criticisms made against them were in regard to attitudes that were thought hypercritical and behaviour that was considered over-aggressive. People who see themselves in the role of host, and even as rescuers, do not expect unfavourable comments. Also, at a time of scarcity of jobs and keen competition for the limited housing available, it is understandable that the refugees' enterprise in those respects might be resented. This is not to say that there was no basis for the American criticism but only that it was somewhat exaggerated. Social workers recognized that an outstanding characteristic of the refugees, especially of the Jewish refugees who had as a group been oppressed and deprived, was an intense compensatory drive to make a place for themselves and to get ahead, and this drive was accompanied by impatience with limitations and restrictions, and by aggressive behaviour. 'Getting ahead' is part of our national psychology, and perhaps this was a chief reason why these refugees chose to emigrate to the United States rather than to some other country.

Certainly the refugees, as a group, made notably constructive use of their aggression. They tackled the adverse housing, employment and educational conditions with an unrelenting search for resources and opportunities, they worked long and hard toward the achievement of their individual aims, and they made a real effort to adapt themselves to the new country. The result was that within a remarkably short period of time they were not only being assimilated into the American culture but were making significant contributions to it.

The Puerto Rican Migrants

The West Indian island Puerto Rico was ceded to the United States by Spain in 1898, and its people have been United States citizens since 1917. Puerto Rico is densely populated and has a high birth rate. Only about a quarter of the island is under cultivation and there are few industries. In Puerto Rico there is widespread unemployment, low wages, poor and crowded housing. Recently, large numbers of its people have flocked to the mainland to seek better living conditions.

The poverty of the Puerto Ricans no longer offered a hindrance to their migrating here. Independent airline operators setting up in business with inexpensively purchased war-surplus planes were in cut-throat competition with each other and would fly the islanders as far as New York City for as little as $18 per person. As United States citizens, they encountered no difficulty in entering this country. In 1946, Puerto Ricans to the number of 21,531 migrated to the United States and 21,781 arrived during the first

half of 1947.[1] Almost all of those who left the island came to New York City. Over a period of years, many Puerto Ricans had already come to New York because they thought that its great size would offer maximum opportunity. The large Spanish-speaking colony there was an attraction for the migrants, as Puerto Ricans tend to be clannish.

The Puerto Rican migrants constituted a relatively homogeneous group. They came from one country, spoke Spanish, were almost all Catholic. They were also nominally of one race, white, although in a few of the people there was a mixture due to the comparative lack of prejudice against Negroes on the island. The migrants were mostly young and there was a large proportion of single persons in the group, although a number of family units did migrate and these usually included many small children. On the whole, the Puerto Ricans were poorly educated. Although for many years there has been compulsory education in Puerto Rico, the schools are so few that only half the population benefit from them. Relatively few of the immigrants spoke English. The language has been taught in the island schools ever since it was ceded to the United States but there is feeling against English, so that it is seldom spoken. The Puerto Rican migrants were largely unskilled except for the traditional fine needlecraft done by the women and jewellery work by the men.

The housing shortage, already mentioned, was probably worst of all in the comparatively small section of the city where 60,000 to 80,000 of the migrants' compatriots were already crowded. Most of the newcomers wanted to live there. If living quarters were available, they usually could not afford the rental. The natural (and only) solution was for them to accept the notable Puerto Rican hospitality and move in with relatives, friends or, indeed, any other Puerto Rican who could take them in. Social workers often found large numbers of people of both sexes, related and unrelated, living in one room. In this slum area of the city, the housing itself was often sub-standard and the municipal authorities were in many instances permitting occupancy only until the housing shortage could be alleviated. The landlords seldom made repairs because they had difficulty in collecting rent from the impecunious Puerto Ricans and because they were often anticipating demolition of their property as soon as building materials would again become available. The tenants were afraid to complain to the authorities about the deplorable conditions lest repairs be ordered to be made and the rent be raised, as would then be permissible under the Rent Control Law, or the house be condemned and they have no place to live at all. The Puerto Ricans as a group were, like the European refugees, disappointed with their housing in New York City, but their disappointment was not so keen because the home did not have the same psychological significance for them as for refugees and because most of the migrants came from living conditions which were no better or even worse.

[1] Report of the United States Immigration and Naturalization Service, 1947.

The Puerto Rican arrivals encountered great difficulty in obtaining employment in New York. In addition to the adverse conditions in the labour market which have been described earlier, the fact that the Puerto Ricans were largely unskilled, poorly educated and able to speak little English limited their employability. In an urban centre, the majority of Puerto Ricans could be offered only low-paid menial jobs. However, their cultural pattern caused them to look down on such work and many of them wanted only to consider employment in factories. A number of them worked in small fly-by-night factories where the working conditions would not have been approved and where they were not paid the prevailing wages. This situation constituted exploitation of the newcomers, but they were grateful for work and they preferred these factories because they were located in the Puerto Rican section. Many of the migrant women attempted to do needlework at home and they, too, were exploited in the pitifully small sums paid them. A cross-section study made during this period by the Committee on Puerto Ricans in New York City showed only 10 per cent to be self-supporting and 15 per cent partly self-supporting. Two-thirds of all the families questioned indicated difficulties in making ends meet and were found to be living on sub-standard income.

It is through education and special training that people equip themselves for adequately paid employment. The Puerto Ricans as a group did not make much effort to avail themselves of additional education. When they did so, their interest lay largely in local trade schools or in the night sessions of the public high schools, and it was these which were most likely either to be full or so overcrowded that the individual attention which the migrants needed could not be provided. Only a comparatively few of the total number of newcomers made use of the English classes offered at the settlement houses. The children had great difficulty in the New York City schools because of their language handicap, which did not become lessened to any appreciable extent with their residence here, as they continued to live in a Spanish-speaking community. The young Puerto Ricans were often placed in classes with pupils much younger than themselves and, although the Puerto Ricans are small of stature and a number of the children were retarded in their physical development by reason of poor nutrition, this expedient made for problems both among the newcomers and the other children. In so far as was possible with a shortage of teachers and schools overcrowded by so many new arrivals, the Board of Education set up ungraded 'vestibule classes' for the Puerto Rican children, where they could receive individual attention and be moved ahead toward the usual grade for their age as fast as their progress allowed. A special method of combating the problem of their cultural island was also devised; an American 'big brother' or 'big sister' was assigned to each Puerto Rican child from amongst the other pupils.

A special problem in the Puerto Rican migrant group was that of poor health. Malnutrition was common, a good number suffered from parasitical

diseases and there was a great deal of tuberculosis. The listlessness noted in many of the people could be attributed to lack of physical energy stemming from long-time malnutrition due to poverty. In this country the Puerto Ricans were not much better off financially, and were disinclined to change their eating habits. The usual basic diet here, as on the island, consisted largely of rice and beans with some fish. Social workers tried to improve their nutrition by ensuring an adequate income and through referring them to low-budget meal-planning classes held in Spanish at settlement houses. The Puerto Ricans were often ill in New York City. The cold weather was very hard on them because they were unused to it, and because they did not have and often could not afford proper clothing. Infections spread because of the crowded living conditions. The Puerto Rican newcomers avoided medical treatment to the extent that this created a public health problem. Through ignorance and superstition, many hesitated to be X-rayed, were frightened of injections and were terrified of surgery, even such as a tonsillectomy. It was usually difficult for social workers to persuade these clients to come to the clinics and they often evaded hospitalization. Large numbers of the group preferred home remedies, wearing charms and burning candles to the saints.

A great many of the needy Puerto Rican migrants applied to the Department of Public Welfare for financial assistance which, as citizens, they could obtain through the Non-Settled Division. Many came to private social agencies in their neighbourhood to request supplementation of the public relief grant. They had great difficulty in living within the budget recommended. While it is true that only basic subsistence needs were allowed, much of the difficulty in managing was related to lack of planning ahead. It has been observed that Puerto Rican clients seemed to regard the social workers as a kindly parent-person and they had a childlike tendency to deposit their problems with the social worker for solving. They could be stimulated to consider possible ways and means to handle their various difficulties but often they did not follow through. Perhaps there was not sufficient discomfort in the situation, or perhaps they had not the requisite energy to attack the problems. They displayed a high degree of emotionalism, which may have been partly due to the stress conditions under which they were living. However, their emotions were labile so that the degree of their concern, or even the basis for it, was ever-changing. They stated the facts of a situation fairly well but it was difficult to elicit their feelings beyond a laconic 'good' or 'bad'. Unquestionably, some of this difficulty was due to their inadequate command of English and the inability of most of the social workers to converse in Spanish. Interpreters were found to be of little help because they were not familiar with casework techniques. For this reason, social work agencies with a large Puerto Rican caseload began to encourage their personnel to learn Spanish.

The Puerto Ricans made little effort toward their assimilation into the

larger community. They lived, worked and sought recreation almost entirely within their own group, clinging to their foreign tongue and their pattern of life. They were, as a group, not well accepted here. New Yorkers resented the wretched living conditions which these migrants so largely brought about in a whole area of their progressive city. However, the major factor causing them to look upon the Puerto Ricans as undesirable citizens was the high rate of delinquency among the children and young people, as manifested in property damage and stealing. The circumstances under which most of these migrants were living were classic ground for the development of delinquent behaviour. The extent of unemployment and the usually inadequate income have already been mentioned. Many of the women worked outside the home and their children did not receive proper care during their absence. A survey showed that there were approximately 1,000 'unmet needs' for day care of children in the Puerto Rican section.[1] The overcrowded living conditions virtually drove the young people onto the streets for any recreation. Also contributing to the situation was the presence of many vacant lots and of condemned unoccupied houses which lent themselves to the gang activities normally prevalent during the pre-adolescent period of psychosocial development. It is quite likely that the unhappiness of so many of the migrant children in the school situation (which led to truancy and their roaming the streets) aggravated their anti-social behaviour. Better police surveillance of the area was of some help, but the settlement houses were probably more effective through recreational activities coupled with a revived Americanization programme.

In considering the Puerto Rican migrants' slowness in taking hold here and their lack of assimilation into the American way of life, certain factors stand out. Although not technically aliens, the Puerto Ricans are part of an alien culture that does not stress the same values as those held in the United States. In a country of almost unlimited opportunities, the emphasis is placed on qualities such as initiative, enterprise and competitiveness. Our persistently pioneer goals are utterly foreign to those of the relaxed 'mañana culture' of the old, tropical island of Puerto Rico which offers its people so few opportunities. The Puerto Ricans did not have the strong psychological motivation to make a place for themselves and to get ahead which the European refugees had developed out of oppression and persecution. Moreover, they were at a disadvantage in that they came with few educational, cultural and economic assets with which to face the difficult post-war situation here. Probably they had a major disadvantage in the generally poor health which sapped the vitality needed to struggle with the complexities involved in resettlement.

[1] Study made by the Child Welfare Committee of the East Harlem Regional Council, 1947.

The European refugees and the Puerto Rican migrants who resettled in New York City during the immediate post-war years had a common goal: a better condition of life. Basically, the two groups were offered equal opportunities and were faced with the same practical difficulties in their new home. The European refugees succeeded in making a place for themselves and went far toward achieving their aims, but the Puerto Ricans were not assimilated into the general population and did not better themselves.

The probable reasons underlying the disparate adjustment of the two groups are both actual and psychological.

In the first place, the European group was well-equipped; the refugees were of sturdy physical constitution, they had a wider cultural background, superior education, vocational skills, and their financial situation was more substantial than is usual with immigrants. They, therefore, had a solid foundation on which to build. Conversely, the Puerto Ricans were an isolated group who had long suffered from malnutrition with much debilitating disease, had few educational advantages or vocational skills, and were poverty-stricken. They had little on which to build and less strength to do so.

It might have been supposed that the oppression and persecution which many of the refugees experienced before and during flight would have brought about personality derangements which would operate against good, or at least early, adjustment. On the contrary, it seems that catastrophic misfortune acted to sharpen their aggression and to increase their resourcefulness, that rejection and dispossession created in them a burning desire to make a place for themselves and to prove their worth. The Puerto Ricans had no such group incentive to 'make good', but instead were exhausted by a long, undramatic struggle against everyday adversity. Actually, the Europeans were fighting with their backs to the wall, so to speak, because they were exiles who had to face the future, but the Puerto Rican migration was not a forced one and the islanders could return home any time they wished.

Although Puerto Ricans are technically United States citizens, they were more alien in our culture than were the Europeans because their leisurely, procrastinating, island way of life is so different from that of the hustling mainland; the refugees' psychological need and resulting drives fitted well with our national 'go-getter' philosophy. The refugees looked to this country almost as to a saviour but in the traditionally Spanish Puerto Ricans there was the usual distrust of the conqueror, reflected particularly in their failure to learn English although it is here a primary tool in economic and social adjustment.

Finally, there was a great difference in the reception accorded the two groups. The refugees were, on the whole, well-received originally because

their much-publicized hardships abroad had touched Americans and later because of their hard work and real contributions. On the other hand, little was known about the deplorable conditions in Puerto Rico which the migrants sought to escape, and resentment against them was engendered by the slum area which their coming so largely created, by the great number who had to be granted public financial assistance, and by the delinquency and crime in the group. Moreover, a very considerable proportion of the refugees were Jews for whom American Jewry looked out, whereas the Puerto Ricans already settled here were not in such circumstances as to be able to help their compatriots.

CHAPTER III

The Receiving Community in Great Britain

by

M. BÜLBRING AND E. NAGY

It has become customary to measure the share which receiving countries have taken in the solution of the post-war refugee problem by the numbers of displaced persons whom they have accepted from the D.P. camps in central Europe. By this standard Britain's share is small, merely 87,000 refugees for a population of almost 50 million. But Britain had in addition offered a new home to the 200,000 members of the Polish forces, under British command, of whom 130,000 accepted that offer; and later she took a further 1,300 so-called 'hard core' D.P.s; so that in all the numbers resettling in Britain amounted to over 200,000 since the war. If in addition we bear in mind that Britain gave shelter to several hundred thousand refugees before and during the war, many of whom remained when the war was over, then we may accept the official estimate of about 400,000 refugees resettling or freshly resettled in Britain today. Repatriation reduced the number of Polish ex-combatants by about 9,000, and re-emigration, beginning in 1950 and reaching its peak in the summer of 1952, has probably accounted for a further 10,000 of the post-war arrivals, but the number of the latter is still over 200,000, and it is with the reception which these were accorded that we are concerned in this chapter.

The considerations which led Britain to accept such large numbers of refugees were twofold. In respect of the Polish forces, who fought side by side with the British in the Middle East, in Italy, and in Holland, there was felt to be a moral obligation to offer them asylum as soon as it became evident that many of their number would be unable or unwilling to return to their country of origin while it was dominated by Soviet Russia. Gratitude for their assistance during the war led not only to this offer of asylum, but also to the granting of rights and benefits equal to those enjoyed by British soldiers on demobilization. In respect of the D.P.s, on the other hand, pity was mingled with self-interest, for their recruitment under various schemes had from the very beginning been part of a plan for 'alleviating the economic crisis', i.e., the acute labour shortage. The term European Voluntary Worker (or E.V.W.) which was early substituted for D.P., indicated what their primary role in Britain was to be.

Demobilization of the Polish forces began as soon as the war was finished

and recruitment of D.P.s started as early as the winter of 1946, before the International Refugee Organization was set up, and before most other countries had taken any steps to augment their interest in refugee migration. Britain's attitude may therefore be called both sympathetic and practical. The vast majority of the D.P.s concerned were admitted to Britain in 1948 (70,000 in the first six months) and they were, because of the housing shortage, selected predominantly from among the young, unattached group. Only 25 per cent of the E.V.W.s and 30 per cent of the Poles were women, and in 1951 the proportion of dependents was only 4 per cent among the E.V.W.s and about 20 per cent among the Poles. The care and housing of the Polish families was made the responsibility of the National Assistance Board, but the Ministry of Labour, which had carried out the recruitment of the E.V.W.s, remained in charge of the latter's employment, housing and welfare after they arrived in this country. The majority were placed in hostels and camps and thus did not aggravate the serious housing shortage.

There were three official government schemes which applied to the recruitment of D.P.s. In late 1946 and early 1947 Baltic women without dependents were selected from the camps in Germany and Austria and brought to Britain under a scheme called Balt Cygnet, to do domestic work and elementary nursing in institutions and hospitals. This was so successful that a new scheme, entitled Westward Ho, was put into effect shortly afterwards, extending the field of recruitment to male refugees who could be placed in the unskilled sections of the more essential undermanned industries—textiles, agriculture, coal mining, brickworks, quarrying, iron and steel. More men were now being recruited than women, mainly because of the type of labour demanded, but partly also because young unattached women were proving increasingly difficult to find. Finally, a plan for recruiting male workers only was devised for the 8,000 Ukrainian prisoners-of-war who were already in Britain and who were granted E.V.W. status.

The schemes involving the employment of women were highly successful. Apart from the hospitals and institutions, which had their domestic problems solved in this way, the textile mills profited greatly by receiving these predominantly female immigrants, and the points of friction which inevitably arose between old and new employees did not give rise to as many difficulties here as elsewhere. But much less satisfaction was experienced in industries where men predominated and where the trade unions were strong.

Considering the composition of Britain's first post-war government, and the purpose for which the D.P.s were brought in, it was clear that the attitude of organized labour would be of paramount importance to the success or failure of the enterprise. At the first announcement of the plan the Trades Union Congress had vigorously disputed the government's assumption that 'foreign labour is the only substantial additional source

of manpower open to us... especially for the undermanned industries'. The General Council of the TUC ultimately agreed to an over-all policy of co-operation, but left it to the government itself to reach detailed agreements with individual unions for the employment of foreign recruits in the different sections of the industries concerned. Among these individual unions the agricultural unions were, from the start, the most vociferously opposed to the settling of any foreign labour on the land, and they never relaxed this point of view. However, agricultural unions do not exert the same strength as industrial unions, and the nature of farm work is not such as to bring the men employed in it into daily competition. Hence large numbers of E.V.W.s were able to be placed in agricultural employment without too much friction. In the coal-mining industry, on the other hand, where the National Union of Mineworkers is of overwhelming importance, the experience was very different. The introduction of foreign labour from any source had been agreed to very reluctantly by the national leadership of the union, but in a great many local lodges this decision was bitterly resented. When put to the test of working side by side with foreign recruits many refused, so that while the absorption of those E.V.W.s who were placed in this industry may eventually have been successful, recruitment was suspended as early as July 1948.

The miners and agricultural unions themselves ascribed their hostility not to any direct experience they might have had with the E.V.W.s, but to three other factors. There was the belief that there would be no need to introduce foreign labour if conditions in mining and rural areas were sufficiently improved to attract and hold British workers. Next, there was the fear of large-scale unemployment in the future. And finally both industries had had poor experience of cheap foreign labour in the past. As these beliefs or experiences were to a lesser degree felt in other industries as well, the government did its best to allay them. The original contract of employment with the Ministry of Labour obliged the D.P. to work for a minimum of one year on jobs assigned to him by the labour exchanges, and provided the government with the opportunity of returning an unsatisfactory worker to his camp of origin within this period, no-one having been issued with an entry visa for Britain unless in possession of a re-entry permit for the country from which he had been recruited. Further, by agreement with individual unions the E.V.W.s were, as a rule, kept in unskilled occupations and were not put into positions where they would be competing with skilled or even semi-skilled British workers. 'Redundancy provisions' were another concession to the unions, stipulating that in case of unemployment the foreign workers should be the first to go, and trade union membership was often included in the contract, wherever an individual union wanted it. Hence, on paper, the government contracts and provisions all favoured the British worker and acted against the interest of the immigrants, an unsatisfactory state of affairs for rapid adjustment.

Finally, after the year's contracted time was over, the E.V.W. found that he was still not free to seek employment as he wished. This is what had been believed at the time of recruitment, not only by most D.P.s but also by many British officials, but it was a misinterpretation. It was only after three years' service in essential industries that the employment restrictions were lifted for the majority of E.V.W.s, while foreign domestics and hospital staff were only allowed into different employment after four years (unless a prospective employer could prove to the Ministry that an individual had special qualifications for a job and that no British person could be found to fill the post).

From this it may be seen that the influence of the trade unions was not conducive to early assimilation. The redundancy clause was suspect by many trade union leaders, who thought that it would be unworkable if put to the test, and naturally it did not encourage in the refugees a feeling of friendliness towards the British people or a sense of security, or a wish to settle. Only in the summer of 1952, when the matter was put to the test, was the fear relieved of being thrown out of work through being a foreigner. Ironically, the first major application of the clause fell to the lot of the textile industry which had, at the outset, expressed the greatest concern about the possibilities of serious unemployment and yet, despite that, had absorbed foreign workers most easily. At the beginning of 1952 the Lancashire cotton industry and the Yorkshire wool industry suffered a severe recession lasting for many months. Thousands of jobs became redundant. A certain number of E.V.W.s were dismissed outright as soon as the gravity of the situation became apparent, but so were a proportionate number of British workers, and the great majority of the E.V.W.s remained employed to participate in the same way and on the same terms as British workers in various short-time rotation schemes. The E.V.W. did in many cases find it more difficult to endure under-employment and the subsequent lesser income than the average British worker who probably had some reserves, or some relative to help him in case of need, and he was still penalized by trade union rules even at the end of his contract, since the unions of skilled workers are very exclusive even towards British subjects. But such fair treatment regarding redundancy considerably strengthened the confidence of the refugees, and the equal sharing of difficulties has probably done more to promote a sense of security and acceptance than the previous sharing of prosperity could do. We may note that after this time interest in emigration grew less among E.V.W.s.

With the trade unions initially opposed to the scheme and consenting only reluctantly to accept it, the introduction of large numbers of foreign workers after the war was carried out without much preparation of the receiving population, who naturally showed some resistance. Fuller information about the recruitment schemes, the hardships which the D.P.s had suffered, and the reasons why they had become refugees would have eased the initial difficulties considerably, as was clearly shown by what

happened in one town. Through the initiative of one single person who had, as a prisoner during the first world war, been kindly treated by his Polish employers, the town of Bradford, in the Yorkshire wool area, started a hospitality scheme in 1942 for Polish servicemen stationed in Scotland. Through this scheme many hundreds of Poles had been invited to spend their holidays in the homes of English families in Bradford, creating a bond of friendship which lasted beyond the end of the war and helped many Polish ex-servicemen to settle in that area as civilians later. This friendly feeling was subsequently extended to other refugees who came under the E.V.W. scheme to work in the mills, and Bradford is now known among refugees all over England as a 'good' town.

But preparation is not the only factor, for the textile areas generally are now regarded by the refugees as 'good' areas, even though they started off less advantageously than Bradford. The beneficial effects of placing the newcomers in private accommodation was from the beginning clearly recognized by the employers in the textile industry, for they saw that if the foreign workers and local people would not only meet at work but also mingle outside, this would shorten the inevitable initial period of apprehension. In this aim they were assisted by a combination of external circumstances. In the textile towns a considerable decline in population had taken place in the previous 20 years, so that private accommodation was less difficult to find than in the central and southern parts of England, and it was possible for the refugees, by clubbing together, to buy property fairly cheaply. Moreover, the textile towns contained more refugee women than other areas of Britain, and experience has shown that large numbers of refugees were more readily accepted by the local populations and settled in better if there was a fair proportion of women among them. Women appeared to have a stronger urge to get out of the hostels initially provided everywhere for the newcomers and to seek private accommodation where they could cater for themselves. Hence, although the concentration of foreign workers in the textile areas is higher than in many other parts of the country, the foreigners have been able to live among the local people in much the same way as any other worker, and the resultant reception has been exceedingly good. Intermarriage is accepted and no less than one-fifth of the foreign bridegrooms in two textile towns in 1951 were marrying local girls. The atmosphere is generally friendly and individual efforts to help the foreigners are not infrequent. In Oldham, a textile town specifically investigated by one of us, a special E.V.W. Information Bureau is open twice weekly to give advice on all personal and legal matters; in Rochdale the City Information Bureau undertakes the same service; while in Bradford it is the Aliens Police Officer who is regarded by all the refugees as their special friend. It may therefore be said that, partly because of the easier availability of accommodation, the local people in the textile areas have opened easily to accept the refugees, even though there was no special preparation.

In other areas, where housing conditions were not so favourable and where, in consequence, the refugees were placed in large hostels and camps, it has been and still is much more difficult for the local people to show a satisfactory response. Usually such hostels have been sited on the outskirts of towns or villages, or often right in the country. In the case of the E.V.W.s they were usually for males only, with little in the way of married quarters, although for the Polish Resettlement Corps special Polish family hostels, to which husbands are admitted, were also established. Originally they were all intended as temporary structures, the newcomers being encouraged to seek private accommodation, so that the population in most of them has decreased and a number have been closed; but the continued housing shortage in the areas offering the most employment has meant that very often the refugee family has had to stay in one area while the husband has gone to work in another, often in an all-male hostel. In the case of the Polish family hostels their continued occupation has gradually resulted in their being converted into so-called 'temporary housing estates' and taken over by the local authorities, which in practice means that the huts are all fitted with sanitation, water taps, and cooking facilities. There the people pay rent and rates to the local council and look after themselves, forming fairly stable, self-contained communities, but, having been used long beyond their scheduled time, the maintenance of such hutted estates is excessive. Elsewhere the hostels are less comfortable, but equally cut off from the local population. In agricultural areas like Oxfordshire, Berkshire or Buckinghamshire, in industrial centres like High Wycombe and Slough, and in the brick district round Bedford and Peterborough—those areas, to be exact, which have seen the greatest *internal* immigration in the last 20 years—many thousands of refugee men are continuing to live in such hostels in groups of from 50 up to 600, forming a kind of foreign body in the local community without any chance of being absorbed. Because they are usually too large for the small local community services to absorb, because they are all men, because they go out in gangs and are brought straight back to their hostels, the contact which such groups have with the local people is usually confined to the week-end shopping and an occasional visit to a public house. Thus the features which promoted absorption in the textile areas are all absent in these midland and southern areas, and such absorption rarely occurs.

The physical distance of the hostel from the nearest centre of community life seems to be a decisive factor in the degree of acceptance which the newcomers experience. For instance, the village of Dorchester-on-Thames has completely accepted the 34 Poles living together in a former guest house on the main road in the middle of the village, whereas the village of Chinnor, only a few miles away, is definitely antagonistic to the 50 Poles living in a hostel about one mile outside the village. In the latter case there may be an additional basis for the opposition in the fact that the

Poles are employed and housed by a cement works whose establishment was much resented by the villages at the time; but the degree of physical contact permitted is undoubtedly a major factor in the formation of local feeling.

These two examples are at the extreme ends of the scale and innumerable gradations of receptive behaviour lie between them, depending on the kind and degree of emotion aroused by the introduction of the foreigners and on their number and composition as regards sex and family units. But while with little opportunity to become acquainted with the refugee the local people may exaggerate and generalize from any individual instance of refugee misbehaviour, on the whole their attitude is one of indifference. Thus, when a group of prominent inhabitants of the little town of Bicester (4,000 population) were asked in 1952 to promote hospitality for the 600 E.V.W.s living in a nearby camp, several persons confessed that although they had always known about the E.V.W.s and seen them in town, they had never thought that they might feel lonely and isolated and long to get out of the camp into a private home occasionally. Made aware of this situation, the local people have since invited many of the E.V.W.s, and social relations satisfactory to both groups have now developed.

The effects of one man's initiative in Bradford and of outside intervention at Bicester have shown that the British population was normally quite ready to extend a positive welcome to the refugee immigrants if they were given a lead, but otherwise tended to react to the situation with indifference. This leadership has been by no means as fully organized as is to be found in some other countries, which accounts for the very varied conditions encountered. Some responsibility for the welfare of the E.V.W.s was initially assumed by the Ministry of Labour and exercised chiefly through the welfare officers at the local labour exchanges. These activities have included advice and assistance to individuals both in employment and in personal problems, and the Ministry is also responsible for part of the hostel accommodation, but it has not taken upon itself the duty of arousing local interest in the newcomers, although naturally it has maintained a close relation with voluntary bodies and other government departments interested in the situation of the foreign workers. A proposal to set up a specially authorized body to 'watch the interests of the displaced persons and be prepared to advise them during the initial period of their residence in this country' was rejected by the government in 1947 and thus there has been no official body with the encouragement of assimilation as its aim. Such work was tacitly left to voluntary bodies—who were, however, not much better prepared to take it over.

Immediately after the war, assistance for refugees in Britain was aimed mainly at helping children. Jewish and other bodies made arrangements both for permanent resettlement and for temporary accommodation and this work was carried on inconspicuously—and mainly by professional people—until 1950 or 1951, when it could be said that most of such child-

ren were assimilated. Apart from this, British relief efforts were mainly directed overseas where numerous teams of Red Cross, Friends, and other groups were doing welfare work in the D.P. camps or in the more damaged areas of Europe. To the British these seemed so much more requiring of help that lesser needs closer to their doorsteps were forgotten. Also, there were no groups in Britain, as there are in most of the other receiving countries, who had so recent a memory of immigration problems that they could foresee the emotional difficulties which the newcomers would be facing, and such natural drive as there was in the country to assist stranded foreigners had been fully tapped on behalf of the various allied forces—Polish, Czechoslovak, Dutch, Belgian, etc.—who had been based in Britain during the war and except for the Poles had now returned home. Hence it was not until 1950 that, largely through the initiative of the International Refugee Organization, interested bodies were called together for the purpose of aiding refugees. Prior to that the IRO had been doing some little work, arousing people's interest in the refugee problem and seeking individual sponsors for 'hard core' cases, but naturally not mainly aimed at assisting assimilation and adjustment.

The new British Council for Aid to Refugees was similarly to begin with not much concerned with assimilation. Launched mainly with funds from the IRO, and without any official connexion with or support from the government, its first aim was to find sponsors for the so-called 'hard core D.P.s' whom IRO had left in the camps in Europe. The British Government had agreed to admit up to 2,000 of such cases within a limited period, provided their maintenance were guaranteed by individual or group sponsorship, and it was the BCAR's responsibility, either directly or through its federated members, to find these sponsorships. In this it was largely successful, bringing across 1,300 such cases and establishing its own old people's home, Agnew House, for some fifty ageing D.P.s of various nationalities. At this time it was incidentally arousing interest in refugees in a wider sense as well, partly through broadcasts, partly through local committees initially established to find sponsors. But local activities on behalf of refugees who had already arrived were left to the local affiliates of the member societies and churches, with almost no central coordination or inspiration. Hence the degree and effectiveness of interest taken in refugees in the country generally has varied strikingly with the strength and initiative exercised by the local branches of these societies.

The time-limit established by the British Government for the introduction of sponsored 'hard core' cases expired at the end of 1951, and the BCAR—five years after the main immigration—has now turned its whole attention to the welfare of refugees already in the country, leaving the handling of the small numbers of immigrating and emigrating refugees to the World Council of Churches. Its first, very sensible, action in this new role was to undertake a survey of the progress of resettlement of refugees in various parts of Britain, and the results of this survey have been largely

incorporated in this article. It has also developed a considerable casework side with individual refugees, working through the local committees which had previously been set up, the latter providing a network of responsible and interested interviewers and helpers for cases which have been brought to the notice of the central office. With such money as it has, it is giving grants to individuals to establish themselves, help to send children to special schools, and bursaries for refugee students through the International Student Service. It has not yet, however, considered it to be within its function to sponsor general 'get-together' activities, beyond recommending these generally to its member societies. Probably its decision in this matter is the right one, since it would now be too late to obtain any wide public support for such activities. This latter work, as before, is depending on the energy and initiative of local bodies, and in fact appears to play a relatively small part in the assimilation that is at present going on.

One other important side of the BCAR's activities is the maintenance of close relations with the various national associations of the refugees. It is not the purpose of this chapter to consider the activities of such bodies, for they cannot be considered, as in the U.S.A., to be as it were part of the country's culture, their leaders being almost as 'foreign' as the refugees themselves. But their existence is relevant to our study in two respects: firstly their local branches were often more active on behalf of the refugee than any British organization, and secondly, the British have tolerated their activities without any attempt at interference—helpful or otherwise—or control. Several of these organizations put more stress on their national particularities and interests than was desirable from the point of the resettling individual, but in the course of years the initial exaggerated nationalism has burnt itself out, and declining membership may be a sign that the interest of individual refugees is turning more to their new surroundings and less to the past. Interest in Anglo-Polish and international clubs seems equally to be declining, and we may take this as an indication that the refugee is feeling himself less different from his neighbours than he previously did.

When we now look back on the seven or eight years of refugee resettlement in Great Britain since the second world war we can distinguish certain positive and negative features. On the negative side were the insufficient preparation of the two groups for meeting each other, and the long, three-years, labour contract which many refugees felt almost as slavery. Further, there was the neglect of the individual refugee's skills when he was placed in initial employment, and the continued discrimination against foreigners in certain skilled trades. Accommodation in hostels and camps, caused by the serious housing shortage in many parts of England, has been another unsatisfactory feature, causing and furthering the segregation of the refugees in those parts. Of these points the last seems to be the most detrimental today, since the others have largely been grown out of, but the use of camps is still going on.

Offsetting these negative factors were a greater number of positive ones. The first of these was the decision not to apply the redundancy clause with any rigour, so that unemployment hit the native and the refugee almost equally and allowed the latter to forget what he had previously felt to be the greatest threat to his resettlement. Next was the equality given to the refugees in all matters of social assistance and insurance in Britain's remarkably extensive social scheme. This probably helped the refugees more than anything else, as they have no reserves on which to draw in times of sickness or unemployment. The absence of similar social security provisions has prevented many from wanting to emigrate further across the Atlantic. Also, the provisions made for the resettlement of the members of the Polish Army and their families have been of a very high standard, allowing for training and employment on an equal basis with British ex-servicemen. As these Poles represent about 60 per cent of all refugees in Britain, we should be wrong to forget them and think only of the conditions offered to the E.V.W.s, who were the smaller group. Finally one must mark the absence of hostility between the native and incoming groups, wherever they are given a chance to mix reasonably and have got over their initial apprehensions. In such circumstances—as found in the textile areas—the refugees earned the respect of neighbours, employers and officials by their hard work, cleanliness and reliability (qualities which the British value), and the local people showed themselves friendly and tolerant.

The main attitude of the receiving community has been indifference to the immigrant situation as such. Initial suspicions, mainly on the part of the trade unions, resulted in hardships which continued for some time after the attitudes giving birth to them had faded, but have not been of real importance in the assimilation process. On the other hand, official or public pressures towards adjustment or assimilation have been equally unimportant, in as far as they could be said to exist at all. The individual refugee was made as welcome as any other individual into people's houses, into clubs, and into all community activities, but in most places the initiative was left to him and it was rarely considered that special attention was necessary for him just because he was a refugee. If he chose to associate only with fellow refugees, in general no objection was made, but equally there was little effort made to offer him anything wider. The activities of voluntary and official bodies have not altered this general pattern except in a few localities, but where individual effort has been given to the question indifference has easily been turned into friendship. Under these circumstances the question of accommodation appears to have played a more important part in the refugee's reception and consequent adjustment than the attitude of the receiving population, since although that attitude was generally friendly this friendliness did not reach out across the miles which might separate an E.V.W. camp from the nearest town. It might also be mentioned that this friendliness was of the traditionally

British kind, developing warmth only slowly, and so sometimes misunderstood by the affection-hungry refugee.

Such evidence as we have seems to show that assimilation is progressing smoothly wherever the newcomers have been able to find normal accommodation and get out of their camps. As an index of this one might cite the fact that there were in 1951 69 mixed marriages in Bradford out of a refugee population of about 6,000. In the areas where the majority of the refugees are still in camps, however, assimilation seems to be going much more slowly, with many newcomers not even having learnt enough English to be able to converse with a British well-wisher.

The Refugee Response in Australia[1]

by
H. B. M. Murphy

Between 1947 and 1950 Australia admitted 155,000 European displaced persons, recruited from camps in Germany, Italy and Austria. From the Australian point of view the purpose of this migration was to increase the manpower available both for defence and for the newly developed industries. The great majority of the D.P.s were under contract to do unskilled labour for a period of two years, and fitness for such labour was the prime criterion in their selection. After the two years they were to be free to take what employment they pleased—except where some statutory obstacle existed, as with the professions—and to apply for citizenship in the normal way, although it was expected to take five years for such citizenship to be completed. Australian public opinion was strongly in favour of encouraging the newcomers to apply for citizenship, and strongly against permitting them to form their own communities.

By the time that I visited Australia at the end of 1950 the government recruitment of immigrants in D.P. camps was almost at an end and the recruitment of Dutch, German and Italian labour was beginning to take its place. On the other hand relatively few of the refugees had finished their two years' contract; and hence the subject of refugee immigrants was not much in the public eye. I travelled on an immigrant ship, and followed the same shipload through until the majority had been found work, but my main observations were made on people who had been from 6 to 18 months in the country.

On arrival in Australia the initial reaction of the immigrant was usually good. This was to be expected from the type of letter one had seen sent home to Europe, and officials confirmed my own impression. In general, there was a conscious willingness to start working, to mix with Australians rather than with fellow D.P.s, and a feeling of satisfaction at their impressions of the standard of living, the employment position, and the appearance of the country. Very few of the D.P.s refuse the type of work first offered them, and in my experience more are prepared to grab the

[1] Based on the author's paper. 'The Assimilation of Refugee Immigrants in Australia', *Population Studies*, 1952, vol. 5, page 179; by kind permission of the editor.

first job they can get rather than wait and choose between two or three possibilities, as is usually permitted. The number who have to be reminded of their contract by being left in the reception camp without a work permit until they agree to accept the work they previously refused was unofficially estimated for me to be about 5 per cent of the reception camps' capacity—say, less than a hundred at the time of my visit—and the number who have been sent back to Europe for persistent refusal or obstructiveness in work is very small indeed. Yet this initial reaction must be attributed to a temporary euphoria rather than to conditions in the reception camps themselves, for these are not always encouraging. The group I travelled with, containing two doctors, a veterinarian, several lawyers and other professional people, were given a reception address by the camp commandant in which it was stated that it was no use their showing diplomas to employers, etc., because everyone (in Australia) knew that they had been bought on the black market in Europe. Also they had been ordered to hand over their hand baggage on disembarkment, and they did not receive it again, through a minor administrative confusion, until eight days later. Nevertheless, such events, which would have created a riot in a camp in Europe, were mentioned to me quite without heat by members of the group when next I saw them. In any case the great majority of immigrants had left the reception camps and had started working within a month of arrival, so that such early incidents play no important part in the immigrant's life.

Most workers went into unskilled labour, as had been forecast in their contract, and about half of them into the various branches of public constructional work, a fact which had been less accurately forecast and which was not so much part of the government's plan. The demand for foreign workers had been mainly in the heavy industries and in the countryside, but trade union opposition and the unsuitability of the refugee for lonely country life forced a diversion of this labour to the more essential of the secondary services, a development which was economically not very sound, since the country's primary production might not have been enough to carry this after the boom in wool was over. However, such considerations did not worry the individual D.P., who saw no reason to regret having escaped work which he was not well trained to undertake, being usually too little or too well educated for it. Roads, railroads, waterworks, gasworks and hospital service are all characterized by the relatively large numbers of unskilled labour which they can use—labour where no great amount of manual aptitude, such as is required in ironworks or mines, is demanded—and hence the D.P. was usually fairly content in such employment, not feeling that the work was beyond him. The newcomers did not always please their supervisors, but those of the latter who grumbled most to me about their new employees usually ended by saying that they had still been worth while bringing over, while some agreed with the remark made in the Commonwealth Parliament to the effect that (in the building

trade) D.P. productivity was higher than that of the Australians. Clearly, although recruitment of the type followed is bound to be a chance affair, the D.P. was settling into directed work very reasonably and with none of the difficulties which have been met in Israel.

The government's declared policy on the use of the immigrants' previously acquired skills was to take as much advantage as possible of these, despite the fact that the individual was contracted irrespective of them; it would seem to be the sensible road to follow. The application of this policy, however, was very patchy. I came across many instances of it being complied with, of diplomas (science) being scrutinized and accepted, of draughtsmen being taken from the labour squad into the office, etc. But I also heard of many instances where it seemed to be forgottten or even deliberately disregarded, untrained men being sent to a shoe factory while cobblers in the same camp were refused, builders found doing other work at a time when the labour exchange denied having a free builder on their books, a throat surgeon who hoped to resume his career being allotted to roadmaking while another physician who asked to be put into some other occupation was being sent against her will to act as camp doctor. Thus whether a D.P. immigrant was able to follow his prior occupation was largely a matter of luck and the personality of the employment officer. Nevertheless, I heard few immigrants complaining about this or persisting in an attempt to stay in an elected trade. The one type of work to which there was a general objection was in the canefields, a type of labour thought by many Australians themselves to be unsuitable for people of northern European stock. Here some of the tricks learnt in D.P. camps in Europe were brought into use, and at one time medical certificates of incapacity were so common that special instructions on this point had to be sent to the selection teams in Europe. More tricks and evasions appeared later in the contract period, when, as will be seen, there might be strong inducements for the D.P. to resist removal to another locality and when, moreover, Australian work habits had been acquired; but, initially, nearly all accepted their first placing and worried much more about accommodation than about the type of work or rate of pay it carried. Wages were so standardized and opportunities for overtime work so plentiful that the D.P. who was prepared to work hard could usually make as much money in unskilled labour as in a higher post carrying more responsibility and leaving him less free. The barrier—because of the length-of-service type of promotion adopted in so many industries—to the D.P. entering the higher grades, such as foreman or gang leader, was more important socially than financially, but had its effects also on the group, since even where D.P.s worked together they could not get one of their own people as leader.

The penniless state of all D.P.s (those who brought some savings with them into the D.P. camps soon spent them there on making their life more bearable) and the difficulty of finding and paying for reasonable accom-

modation out of current earnings meant that those who were able to do so very soon started looking for supplementary means of income from which to accumulate a little capital. They all had clothes to buy, small necessities for the household (even in camp), large outlays on travel, and they were all for several months dazzled by the shop displays and the absence of rationing. Moreover, many, especially the Yugoslavs, started remitting money to relatives in Europe from the first wage packet. Hence most immigrants were keen on overtime work and to have their wives working, and a remarkable number of them managed, against all labour custom, to take two jobs at once, dashing from a day shift in controlled employment to a night shift elsewhere, taking week-end employment or running their own allotments. This naturally often resulted in neither job being done properly, but at that time of full employment the State gained by such industriousness, however much union and working class objections to the practice made its officials disapprove. Later, however, these supplementary jobs made trouble with the employment officers, who could not understand why a man should object to being moved from one job to a similar one in another location and so believed it was only stubbornness when the D.P. resisted such a move. In fact such transfer may have meant giving up building a new house, or cultivating an allotment, or developing a trade connexion, or losing a second night job, and it was very natural that the D.P. should have tried to behave awkwardly at the prospect. Those who did get moved later had also learnt rather more about Australian work habits and Australian industry, and used the tricks they had learnt to try and get more lucrative work of a non-essential kind or to take revenge for their unofficial financial loss. Thus, redirected labour was usually found both by employment officers and by supervisors to be less satisfactory than raw labour sent direct from the reception camps or left in the same area, although this cause for unsatisfactory work did not seem to be as widely realized as it should have been, and was often not taken into account in opinions given me on the working qualities of the D.P.

Apart from this type of problem, the incidence of unsatisfactory behaviour among the D.P.s was quite low, and they mostly seemed too afraid of being sent back to Europe to take part in even as safe an activity as an Australian-organized union protest or strike.[1] The truly anti-social individuals, such as one meets in any community and such as were apparently much in evidence among ex-concentration camp refugees, were presumably present but did not seem to be giving much trouble. The police reports to which I have been able to refer make no reference to D.P.s other than to their apparent inability to control the heavy motor-cycles they like to buy, and although there is anxiety among certain of the older and more responsible D.P.s about the behaviour of some of their juniors, this behaviour seemed to be confining itself to the inside of their camps. The pic-

[1] But there may also have been other reasons for reluctance to strike—see Part Two, Chapter I.

ture seemed to be that there was an appreciable body of young men who possessed insufficient tradition or belief to behave responsibly and who could easily become actively anti-social if they fell under bad influences or were frustrated in seeking a normal life. At the moment they were working out their contract obediently and confining their irresponsible behaviour to quarrels and drinking bouts in their own camps. There was no evidence that they were in greater proportion than their equivalents, the 'larrikins', in the resident population, but they could easily have become a social problem once they found private accommodation and were released from contract, if they did not know what to do with themselves or their money.[1]

Australianization of the D.P. started in Europe from the moment he was provisionally selected. In the resettlement camps, at sea and again in the reception camps in Australia, he was taught English mixed with Australian history and social customs under a unified and specially adapted scheme which continues to be widely available to him, though no longer compulsory, wherever he may find himself later. These courses struck me as being intelligently devised and energetically undertaken, lacking only that training for democracy which after spending so long under autocratic rule D.P.s so urgently required, but which is difficult to put into an official syllabus because of the political interpretations involved. The programme would seem to complement the initial conscious desire of most D.P.s to forget their D.P. past and to become Australian as soon as possible, and it deserved to succeed. Yet at the time of my visit all sources agreed that the progress in learning English was slow, compared with expectations, that the attendance at classes after all facilities had been made available was exceedingly poor, and that contact between the D.P.s and Australians was very slight. It would seem a clear illustration, on both sides, of the frustration of conscious intentions by unconscious motivations. Only three of the 30 to 40 D.P.s with whom I spoke,[2] the great majority of whom had been in the country more than a year, had satisfactory private contacts, as evidenced by having an Australian home where they felt confident of a real welcome. And this was the case although my selection was not a true cross-section but was rather biased on the side of intelligence and stability. It is true that such a period is a short one in which to make friends in a new country and to learn its language, but the picture given me of the present position of the 1938-39 refugees is very similar; they have learnt the language but have poor personal relations with the resident population, and are in fact tending to withdraw into their own society, a strong contrast

In 1951 some disquiet on this subject led to the establishment of a committee of inquiry. Their findings, published in *Digest-Report of Proceedings of Australia's Third Citizenships Convention* (Canberra 1952) show that the serious crime rate among the Australian population generally was over one-third higher than among aliens, the only type of offence in which the immigrants exceeded the average being assault. The data in which these deductions are based, however, refer to 1950 and earlier, so that it is a little early to conclude that the crime rate might not rise.

Excluding those with whom I travelled.

with those of their own period who went to America or Great Britain, i.e. those described in Part Three, Chapters II and III. This would be unimportant were it not for two facts, the aforementioned conscious desire for assimilation on the part of most immigrants, and the Australian Government's efforts to accelerate assimilation. If the government were expecting to assimilate either group only in its second or third generation, as was the policy in Canada with minorities, leaving them to form their own communities and to stick to their old habits in the meantime, then our paradox would have only a private, not a social meaning; but such forcing of the pace as is being attempted today means a greater strain on both sides and a greater likelihood of social disturbance if it does not succeed. It is quite inadequate to blame this situation on the language difficulty, as is often done. Those who have lived in foreign countries know that where a genuine desire to make contact exists a means of communication will be found however 'pidgin' and ungrammatical it may be.

Since there is no sponsorship system for the majority of D.P. immigrants to Australia and hence no individual with whom the D.P. can feel personally linked, nearly all D.P.s have to depend for their free-time contacts with Australian life on the communal efforts of state, church and voluntary organizations, or on an extension of contacts in work. The state does very little directly beyond the educational programme mentioned above. It runs a newspaper for immigrants, a newspaper for societies and individuals interested in helping the immigrant, and has produced two propaganda films; but none of these seems to reach the wide public, and hence although there was some effort to educate the D.P.s to understand Australian habits, little was done to explain the D.P. to the Australian beyond saying what nice people they are. 'Get-together' activities are indirectly encouraged by the formation of good neighbour councils comprising all societies interested in voluntary welfare work, and the state gives some money to these. More specific welfare services for the D.P. however, are avoided as part of a deliberate policy which, while giving him most of the privileges of an Australian and thus perhaps helping him to feel himself as one, gives him no services which would permit him to feel himself as something special or would allow Australian electors to grumble about unnecessary expense. Such a policy has some advantages, but its main effect is to excuse higher officials from the trouble of thinking what the differences between the two communities are and what steps are needed to overcome them. Locally, the commandants of camps, such as at Bathurst, have sometimes organized entertainments and clubs to which both newcomers and nearby residents are invited, thus incidentally enriching the usually poor social life of the nearest small town, but that is the most direct approach that has been made. The policy of leaving more positive welfare to voluntary societies through the good neighbour councils is, of course, in the British tradition and might have had satisfactory results if the individuals chosen for organizers or secretaries knew the D.P., knew something of modern social science, and

were able to teach the individual participating bodies something about the special problems and the special techniques that this work entailed. The organizers whom I met or heard of, however, did not have that knowledge, and hence the local societies attempting to assist the D.P. were working largely without guidance. The result was that, in the limited survey which I made, I heard of only one society and one parish which, from the D.P.s point of view, were reaching out with something which the D.P. felt he needed. In both these cases this success had been achieved by severely restricting the type of person to whom the organization appealed, and the majority of refugee immigrants whom I met or heard of had had no satisfying experience of Australian attempts to reach them.

Yet blame for lack of contact must not be laid too thoughtlessly on the local voluntary organizations. They were doing as much as they would do for any Australian-born person moving into their area, probably more. They were very willing to give further assistance if someone told them how (as happened when a British immigrant ship got stuck in Melbourne by the dock strikes and a radio appeal brought offers of hospitality to the whole shipload in a few hours), and they too often receive a disappointing, even insulting, response to what they conceived to be their friendliest approach. It is true that a different approach, one that the isolated Australian had never had a chance to learn, was needed in such cases, but it was also true that the D.P. too often made no adequate attempts at contact from his side. I was given story after story of functions being arranged for them and the newcomers not appearing; of working conditions being softened for them and yet being rejected or abused; of sulkiness, quarrelling and other forms of misbehaviour, both at organized gatherings and in private contacts. In any large group of people isolated instances of such behaviour can be found, but it was apparently sufficiently common among the D.P.s for many Australians to cease trying to assist them.

The refugee immigrant saw the problem differently. Such organized assimilation and get-together activities as we have mentioned should have been needed only for the more bashful among them. In most countries of Europe they could—so they thought—have adjusted themselves easily enough to the local population, no matter how little they knew of the language. In Italy they had shown how soon they could pick up contacts over a glass of wine at a corner café; in Scotland the Poles had got themselves a welcome in almost every farmhouse and cottage. But in Australia, so the story went, there was no social life to get into, nor any true friendliness on individual contact. The common picture was that the D.P. would join the local sports club, go drinking, attend dances and functions, and in general be moderately welcome. Certainly, few of them experienced anything like real hostility. But after a couple of invitations to home, to drink, to play tennis, duty seemed to have been fulfilled on the Australian's part, and although relations might remain perfectly cordial there was no deepening of the contact or extension through it to other contacts. So

what incentive was there for him to learn English, to become Australianized, when apart from the good working conditions there was nothing to be gained among such a people?

There is some truth in both points of view, and something left out by them both as well. The general culture of Australian society is more distant from that of Europe or America than is commonly recognized. A discussion of it is outside the scope of this chapter, since we are here concerned with the refugee side of assimilation, not the other.[1] Briefly, however, it may be said that the pioneer tradition had engendered a belief in self-sufficiency and a scorn for those social functions which attempt to do for the individual what he should be capable of doing for himself. Hence the social life of Australian towns is remarkably simple. To that extent the D.P's complaint is true—social life of the complexity found in central Europe does not exist. But it is also almost certainly true that if the refugees had found a society of the complexity and richness of Europe, they would still have had difficulties in adjusting and would still have shown abnormalities in their behaviour. In the first place it was clear from talking with them that they would be critical or suspicious of any friendship which they found. Not only had they been betrayed too often in the past by death or separation, but their emotional needs were much greater. Their behaviour thus represented in part a fear of emotional ties and in part an excessive demand on such ties. Some of the behaviour described to me could clearly be understood as a 'testing out', in the same way as a juvenile neurotic tests out its therapist or foster parents. Also, to be properly accepted in Australian society it was clearly necessary to adopt an Australian outlook and state of mind, and this, while something of a strain for all immigrants (as is well known with regard to the British immigrants there) was particularly difficult for the D.P. The self-sufficiency which Australian culture believed in was just the state of mind which the D.P., rootless and emotionally shaken by past events, could least attain to. The self-sufficiency of the pioneer is based on the principle that the individual can control his relations with his environment, and Australian history in post-pioneer days has never met a situation which really challenged that; but the whole existence of the refugee is an epitome of the contrary theory, namely, that the individual is a toy in the grip of uncontrollable forces. Hence the newcomer needed not only emotional strength to become more self-sufficient, but also had to assume implicitly—for the foundations of Australian culture were never explicit for him—a philosophy which their whole recent life belied.

Faced with this quandary the natural tendency of the D.P. was to resist assimilation, or at the least to make no positive efforts towards it. Occasionally this resistance showed itself as a hostility or even (in 1953) in a demand to be sent back to Europe, bad though that was recognized to be. More commonly the wish to co-operate was there, but the will to do it was

[1] See my original paper [130] for a discussion of this point.

frustrated by unconscious or unrecognized forces. I remember one young Yugoslav couple, both working, both making reasonable money, living privately with an old, ex-Yugoslav, Australian. They wanted to learn English; their old landlord was strongly encouraging them to do so; and there was an English class two streets away. And yet they never went to it. Their personal contacts were not too bad since they had, in their landlord, one good friend; but learning English meant accepting the change of life and the change of personality which their resettlement both offered and demanded. In their talk with me it was clear that this change was being resisted. Dr. Bakis earlier in this volume has commented on the feeling of loss of personality which was experienced in the D.P. camps by some refugees. In my own experience such a feeling was to be found less commonly at that time than at the time of resettlement, but it undoubtedly appears in the majority of refugees at some time or another and when it does it is a major factor in his appearance or behaviour. In Australia there can be little doubt that while the D.P. immigrants were adjusting themselves quite rapidly to their new economic conditions they were, at the time of my visit, resisting quite strongly those aspects of the assimilation programme which appeared to them to threaten their original integrity.

In relieving these strains which assimilation was imposing at that time, the societies run by the refugees themselves could only give limited help. In the first place, they were anything but united. All the traditional trends of European politics seemed to have their counterparts in the groups and organizations which the exiles had developed. In the second place the government's declared intention of forcing assimilation and preventing particularism made it difficult for them to operate and tended to restrain anyone but the extremists from seeking leadership among them. Where there were nuclei of pre-war immigrants from the relevant countries, these were occasionally helpful, acting as a bridge over which assimilation could proceed. The Sydney Estonians appeared to me to belong to that category, and they had acquired their own hall, which was of great value. In other groups, however, the tolerance and objectivity of the older settlers were unacceptable to the recently persecuted refugees, so that while individually they were helpful—and not only to their own folk—as a group they got branded as traitors by the irredentist refugee leaders. Where these leaders became too outspoken, then a third party tended to develop within the group, that of the moderates who feared that their whole community would be misrepresented to the Australians if the more nationalistic among them were their only voice. Such moderate groups, however, were more defensive, or grouped round a personality, and I did not find any whose aim was to ease their members' adjustment to their new conditions. Their news-sheets, of which I traced seven, were published in their own language with a quarter of their space devoted to English—a government order designed to encourage the use of that language. The subject matter of these papers illustrated a gradation in style from almost straight reporting

(Czech) to almost straight propaganda (Latvian), with the English language sections not at all fulfilling the government's intention, since they contained, not news which the refugee might wish to read, but propaganda for the benefit of any Australian who should happen to pick the sheet up. But the fault with these societies lay less in their irredentist and nationalist bias, which was natural, than in the fact that none of their members had strength to spare for helping his neighbours. I remember that when I suggested such mutual aid to one group the answer was that no-one had the time or energy for it. Time they certainly had, and energy in the ordinary sense of the word; but energy in an emotional sense was just what, as D.P.s, they lacked, and so it could not be expected that they would be able to help each other in resettlement. Further, the scattering of the groups made all such efforts difficult, even though the government's policy of scattering the newcomers within the Australian people was somewhat nullified by the continuance of the camps. The one case I came across in which an older refugee attempted to continue to support some of his young compatriots was defeated by the postal service, which apparently could not be relied upon to deliver mail to people with such outlandish names with any regularity.

The situation in Australia, then, whereby refugee immigrants are found to be adjusting more rapidly to the economic than to the social environment, is not an unexpected or unusual one. The thing that gives it significance in the present context is the declared policy of the Australian government and people to press for assimilation within one generation and to obstruct any attempts which might be made to form local colonies of immigrants speaking the same language. The difficulties which the D.P.s were having in accepting the change of personality which goes with assimilation, and in making local contacts, could be easily handled and hence would be of little importance if the D.P.s were allowed to form their own communities, as in some other countries. (As it was, they remained largely in their own communities in camps, but every effort was made to ensure that no community spirit or sense of permanence was developed.) The psychological effect of the present policy, however, appears to be making the D.P. feel even more isolated than he had felt before resettlement, and it was not linking him to any group whose ethics he could be expected to adopt. Economic rewards were sufficient, and probably will still be even in a time of recession, but emotional rewards for conforming behaviour did seem to be inadequate, and in consequence it appeared possible at the time of my visit that much personal or social breakdown was liable to occur among these people in the near future. At the time of writing (spring 1953) some economic recession has appeared and non-refugee immigrants, arriving later, have been giving some trouble, whereas no reports of social disturbances among the D.P. immigrants have been reported. That the possibility still remains however, and still requires watching, is shown by a trade union secretary's report that 'Unemployment is forcing those people to band

together in their own groups speaking their own languages. These people are being compelled by the government to "scab" because they have to live'. More probably the strain will show itself in a more personal sphere, so that the incidence of mental breakdowns—of the types discussed elsewhere in this volume—is the thing that should be watched.

CHAPTER V

The Disabled:

The Adjustment of a Blind D.P. Colony in Norway

by
ESTHER RYSSDAL

In 1949, the third year of its existence, the organization Europahjelpen (Norwegian relief to Europe) purchased a former hotel at Konnerud, near the town of Drammen. This hotel was intended as a transit station for displaced persons on their arrival in Norway, but was later suggested as a temporary home for a group of disabled D.P.s whom Norway wanted to invite. This decision to invite such people was based purely on a will to help, and was a protest against the discrimination shown to displaced refugees by many countries. To the leaders of Europahjelpen it was the blind who appeared to be the most in need of such help as could be given. In due course their proposal for inviting a number of members from that group to Norway was ratified by the Department of Social Affairs, agreements were signed with the IRO, and the invitation to 100 'hard core' cases, blind D.P.s with their relatives, was a fact.

The popular feeling that the blind were the 'neediest' and most 'deserving', the most pitiful and helpless of the hard core refugees, was an expression of a very common and very old attitude towards blindness. The role of the blind man has usually been that of the beggar, and sometimes his right to beg has been exploited by normal employers. Axioms such as 'that is so easy I could do it in the dark', or 'that is so easy a blind man could do it', describe our conviction and are an expression for our feelings towards our blind fellow-men. Hence we are inclined to think of blind persons as a group rather than as individuals and we often expect a newly blind person to be in possession of all the qualities, abilities and shortcomings that literature, street beggars and our own guilty feelings make us believe the blind have. When ability to survive was dependent on physical perfection, the loss of sight was a total disability, but in our civilization survival of the individual is dependent on the mutual co-operation of all members of society, so that physical perfection no longer determines the length of survival or the service that can be rendered to one's neighbour. Nevertheless, the persistence of outmoded beliefs with regard to this disability inevitably exerts an influence both on the blind and on those engaged in helping them.

The restrictions due to blindness have been described[1] as: restriction in the range and variety of concepts, in the ability to get around, and in the control of the environment. In addition, however, it is important to distinguish between two groups of blind persons: those who were either born blind or became blind at an early age, and those who experienced the onset of blindness as mature persons. For our purpose here we will focus on the latter group, as all the blind inhabitants at Konnerud had become so during the war, none of them at the time younger than 20 years of age. A person who is hit by blindness is faced suddenly with all the restrictions of the handicap; these restrictions, and the knowledge that he will have to live with them for the rest of his life, are experiences of extreme severity. It is generally agreed[2] that the reactions of the newly blinded person to the severe shock he suffers are not essentially different from those of other persons in extreme situations. Withdrawal, suicidal intentions, rejection of religion and other values, regression and hostility, are common manifestations in the newly blinded. However, nature is in most cases strong enough to recuperate and readjust. As in all extreme experiences, 'personality' determines the way in which the individual reacts to the onset of blindness.

The variety of personality among the blind refugees in Norway was quite great, and their adjustment to their handicap, and to their displacement, as well as their attitudes toward everyday life situations, showed an equally great variation.

The group, whose first members arrived at Konnerud in March 1950, amounted in the end[3] to 35 totally and partially blind, plus 20 non-blind adults and nine children: and they represented nine nations—Czechoslovakia, Estonia, Germany, Hungary, Yugoslavia, Latvia, Lithuania, Poland and Russia. Only one member of the group could be characterized as an intellectual (he was the non-blind member of his family) and only two were white-collar workers. The rest belonged mainly in the unskilled labour category, the majority having spent their childhood in the country, having started to earn their own living at an early age, and having received little or no formal education. The average age of the group was 35, which meant 25 at the outbreak of war. During the war they had mainly either been drafted or deported, and the years between 1945 and 1950 had been spent in D.P. camps in Germany. Hence, considering the vast variety in background, experience, physical ability and mental capacity, it is not difficult to see why on arrival in Norway they did not feel as one group, or why it will not be easy to describe their common traits. The Pole who had been a slave-labourer in Hitler's factories and blinded through an explosion felt

[1] B. Loewenfeld. *Psychological Counselling for the Adult Blind.* New York, American Federation for the Blind, 1950.

[2] ibid, and *U.S. Naval Bulletin*, March 1946; supplement on blindness.

[3] Due to technical difficulties the quota of 100 was not fully taken up, but was instead completed by 'hard core' tuberculosis cases.

differently from the Hungarian who lost his sight in Hitler's army. All members had one thing in common—they were displaced persons—and all of them had wanted to get away from the life in the camps. Further they all dreamed of a return to their old home. The 35 blind and partially blind might also be considered to share the common problem of being handicapped, but this was of limited effect since their loyalties, sympathies and mutual respect were restricted by a consideration of how the blindness had been caused. Even individuals of the same nationality could afford contempt or dislike for each other if one had lost his sight by an explosion and the other by drinking methylated spirits.

When they arrived at Konnerud each family was given one or two furnished rooms, all the clothing they needed, three meals a day, and pocket money. A course in Norwegian was started immediately after their arrival, and quite soon workshops for the blind were erected. They were provided with the opportunity to worship in their own religion, and were given medical care and recreational facilities. No-one was forced to work, and they all knew that as long as they lived in Norway they would have no material want. Yet it was clear that information as to what to expect had been insufficient both for the newcomers and for those receiving them. On the part of the refugees there existed an unrealistic idea about what the new surroundings were to give and were to demand: on the part of the Norwegians there was too great a feeling of pity and of wanting to help. In 1950 none of the newcomers had been blind less than five years, and their adjustment to this handicap as such had already been decided. Those who had wanted it had been taught Braille reading and writing in the IRO camps, and had had the opportunity for vocational training. By 1950 their outlooks, plans and ambitions were as set, and as different, as were their language and their eating habits. So, as their knowledge of languages other than their own was very limited in most cases, and as national pride and hatred often made it impossible to form groups of persons with similar learning capacity or level of education and interest, the process of teaching was slow and at first not encouraging. Some never seemed to want, or to be able, to settle and develop new attitudes. But by the end of eight months those who really wanted to learn something about the Norwegian language, history, and culture had managed to do so, and these naturally showed the best signs of adjustment.

Since frustrations create aggressiveness, and since it was quite evident that in this group frustrations were omni-present, it is not surprising that there was at first much noise, quarrelling, complaining, and even physical violence. This tension, however, was also clearly due in part to lack of activity, and it eased considerably after the erection of the workshops. By trial and error it was found that the most popular and lucrative occupation for the blind was the making of football studs (to put on the soles of football boots). There were three stamping machines for cutting pieces of leather and pressing them into form, and four people worked at each machine;

so that the arrangement encouraged the development of group feelings while at the same time giving a harmless outlet for rivalry and competition, With the seeing members who worked outside bringing home friends, money, and prestige; with the children introducing Norwegian games and playmates, and with the daily routines and common experiences, the tensions eased, the past got fainter, the present was more bearable and the thought of the future less frightening. As individuals, disabled or otherwise, became able and willing to hold positions outside the Home, the idea was conceived of suggesting that communities all over the country each give shelter and work to one person or one family among the refugees. The first families left Konnerud for this sort of resettlement with trepidation, but when news of their warm welcome and successful settling in was received, tensions eased still more, and a certain stability about the life in the Home had been achieved. Thus, when only one year of their stay in Norway had passed and they could watch the season change and notice in themselves the difference from last year, then they could recognize a sense of 'belonging' and of security.

Yet they were for the most part not happy at Konnerud, and it is doubtful whether they could ever rightly be called a self-conscious community. The members of each nationality stuck together and talked their own language, and they came into contact with comparatively few Norwegians. But the main difficulty about forming a community out of these people was that they all had their own individual problems, which the others could not share but could only interfere with. The single handicapped person faced different problems and reacted differently to any problem as compared with his blind compatriot who led a satisfactory married life. The married non-blind woman who supported her blind husband went through other hardships than the married sightless wife and mother. And even if the problem were the same the cultural background differences might make it impossible for a common approach to be achieved. What was clearest was that the double strain of being displaced and handicapped (even at second hand) brought to the surface any constitutional weakness. The following examples may clarify these points.

1. Karl was a Lithuanian boy, 27 years old on his arrival in Norway. He came from a small village, he and his father having occupied a two-room apartment. His mother died in childbirth, there were no siblings. At the outbreak of the war, he worked in the local post office, his hobby being pretty girls. His likes or dislikes for political systems were nonexistent. The early loss of the mother and the distant relationship with the father seem to have left him immature and dependent.

   Karl married a German girl in Germany, 1943, and supported himself and his wife as a kitchen helper. By an air raid in 1944 his wife had both legs amputated, and Karl left her while she was in the hospital. After he was totally blinded by alcohol (methanol) in 1945 his wife left all his imploring messages for help unanswered. A 17-year-old girl in one

of the D.P. camps got pregnant by him in 1948, but she refused to follow him to Norway. His blindness did not seem such a problem to him; in his childish behaviour and defensive bitterness this even served the purpose of getting him some attention. He refused to respond to occupational therapy, and was unable to make any successful contacts, as he 'hated the Slavs', had 'no use for married people' and 'despised the Norwegians'. He had constant bellyaches, headaches and allergies, and needed unlimited attention and mothering.

2. Mrs. P. had been deported from Poland in 1942, 16 years old. She had been working on a farm in Saxony and had suffered a 'nervous breakdown' (no reports available) as she became pregnant by a Polish labourer, 18 years her senior. (She had been brought up in a strictly religious home.) One year after the marriage Mr. P. lost his sight by drinking methanol. Mrs. P. had another 'breakdown' in 1948. After one year in Norway she gave birth to her second child, before and during the pregnancy she supported her family by factory work and made very sound plans. The third breakdown appeared three months after the child's birth, and was diagnosed by the psychiatrist as a case of manic depression.
3. Mr. and Mrs. L. came from a small village in Northern Ukraine. They had married when both were 18 years of age, but were childless. Mr. L. was a painter, and although an occasional drinker, had always kept financial worries off.

   Mrs. L. lost one eye at an explosion in Hamburg in 1944. During her stay in Konnerud she used her handicap as an excuse for any means of getting sympathy or attention, and in her shrewd, uninhibited selfishness made herself the most unpopular person and her husband the most serious case of alcoholism in the group. Her infinite ailments brought her at last to the psychiatrist—who diagnosed her as paranoid.

These three cases may appear exceptional, two being diagnosed as psychotic and the third obviously neurotic or psychopathic, but in the whole community the actual cases of frank insanity were disturbingly numerous; for besides the above there were two other cases who required psychiatric treatment. It may be an interesting observation that those cases were not among the totally blind. Certainly it would appear to fit in with Cutsforth's opinion that 'the seeing person must devise an excuse for his failure, while the blind person has his blindness to fall back upon if he faces difficulties which he cannot manage'.[1]

With the less abnormal members of the community it was still common to find their anxieties and demand for attention appearing in the form of psychosomatic disorders. In the early months the reports show an invariably high percentage of colds, headaches, stomach pains and allergies.

[1] T. B. Cutsforth. 'Blindness as an Adequate Expression of Anxiety', paper read at the biennial convention of the American Association for the Welfare of the Blind, 1939.

Even one year after their arrival there was still an average of four cases having to be sent to hospital for consultation per month. (Nationalistic, sibling rivalry has to be taken into account here: when a Pole demanded to see a cancer specialist about his back complaint, the Lithuanian felt very unjustly treated if he could not see a heart specialist about his flushes.)

One learnt to know those who needed just a little bit more attention than the others and who would be returning again and again with a sick toe, a toothache, or stomach trouble. Later, however, the sickness rate dropped markedly so that one could report that health was very good. Time and occupation straightened out more than a few individual and group disturbances.

> Mr. and Mrs. K. were Polish, both from Cracow, married in a D.P. camp in Germany when Mr. K. was 25 years old and Mrs. K. 20 years his senior. At the outbreak of the war Mr. K. was a member of the Polish Army, Mrs. K. a self-supporting milliner. During the forced stay in Germany Mrs. K. lost the sight of one eye from tuberculosis of the ratina. Mr. K. lost one eye and was totally blinded in the other by an explosion in a plant. They were both, on arrival in Norway, extreme nationalists and had great ambitions for the future. As their immediate plans did not work out, they both for some time demanded attention by aches, pains and insomnia; but, gaining insight into their new situation and finding confidence and courage to change their plans, they readily accepted placement in a community, where Mr. K. now supports himself and his wife as a masseur. They have built up a home and enjoy a perfectly 'normal' existence in the community.

The K's made plans for themselves, even though they were unable to follow them through. This however was exceptional. The refugees were aware of the fact that Konnerud was just a temporary shelter, but only a few of them appeared to make any plans or to have any wishes about what their more permanent home was going to be. A very considerable number of communities had responded to the appeal by inviting an individual or a family, and the welcome which was given to the newcomers in such communities was quite exceptional. In several cases the blind member was able to become the family supporter, and they were all given the chance of economic independence, with the security of having in every way the same rights and privileges as any Norwegian citizen.

> The family L., for instance, were placed with the Ar. community. When they arrived they found a complete two-room apartment ready for them, with the rent paid a year in advance. They were given a big reception by the Ar. community, and received an insurance for 600 kronen. Mrs. L. immediately started work in a local shirt factory, and the blind Mr. L. soon got work with a radio manufacturer.

It would seem logical from the hostility, the unrest and the unwillingness to form a group, that when encouraging reports of such resettlement were

received the possibility of moving away from Konnerud would be welcome to most of the inhabitants. This did happen, in the sense that there was some competition to be considered next for placement. But, as the time approached for one or another person or family to leave, their reluctance became marked and the ties to the life which had evolved at Konnerud seemed to be tighter than they had appeared to be. The truth is that although many of them had not been happy during their stay there, they did not know what they wanted that could make them happier. The uprooting, the many years of temporary and superficial security, the inactivity, and their being displaced persons, had marked them with this inability to make new roots, and made them suspicious of any change. Once the step was taken, however, most of them seemed to assimilate much more quickly than they had been doing in Konnerud. In part this was no doubt due to the conditions in the Home, eight kilometres from the nearest town, with native languages being spoken and with few Norwegians about, so that they could not be said to be really in a Norwegian community. In part, also, it was no doubt due to the culmination of a process which had been going on, largely invisibly, during their stay. For the individual behaviour patterns which had been manifested in Konnerud seemed more or less to continue after the change of surroundings. Those who had shown the best signs of adjustment earlier were the ones who best settled and started building up a new existence. The willingness of the Norwegians to include the new members in their midst was gratefully accepted and responded to in those cases. Some of them came to communities where other displaced persons had settled and made their living, and thus they could find the opportunity to speak their own language and to get first-hand information on the peculiarities of their new neighbours.

On the other hand those who had shown an unwillingness or inability to adjust to the life at Konnerud, and who remained defensive, aggressive, or suspicious, continued to adjust poorly in their new communities. In some cases their insecurity and tensions sought an outlet in alcohol; others got their outlet in fighting and quarrelling; others in aches and pains or in complete apathy. Those symptoms seemed to be too deeply rooted to be cured immediately upon a change of environment. If both sides can show patience and understanding, and if the newcomers can be given sufficient assurance that they are wanted and valuable, then some of these symptoms, and the reasons for them, may disappear in time. It would, however, appear that life at Konnerud, unsatisfactory though it might have seemed, was a good test of adjustment generally, and hence it may further be said that resettlement into a normal community is not necessarily satisfactory treatment for those who proved unadaptable in their transit hostel.

The attitude of the receiving communities posed no real problem in the present case. The newcomers were so few that they aroused no hostility but instead elicited much sympathy and offers of support. But the communities, as well as those in charge of the arrangements, did not want to

give charity for charity's sake alone. One of their main goals was to help the refugees develop a feeling of becoming useful members of the group. Employment of the blind in Norway had never been a large-scale undertaking, and, as almost everywhere else, the blind worker had to prove twice as good at his job to convince the employer of his rights and abilities. Hence it took time and experience to find a suitable job in the right community for the right man, especially as only a few of the refugees had a trade or even a special interest. But, once that was done, it is probable that the attitude of shunning more charity was the best one. On the professional side, on the other hand, it seems probable that the Norwegian helpers had not been fully equipped from the start either to understand the effect of the D.P. status, or to make use of the most suitable approach and treatment. Experience seems to have shown that occupational therapy is advisable in cases of this kind. Our group had been without activity and responsibility for so long that they had to be assisted to learn to want them again. Those in charge of the initial programme had not enough experience and insight to understand that we were doing the refugees no favour by making them constant recipients, and thus taking from them what might have been left of self-esteem and productivity. The time at Konnerud, however, was valuable in giving those engaged in this work some experience of the special needs and special solutions applicable to such a group, and this experience was used to advantage during the placement process.

By the end of 1952, 25 totally or partially blind persons with 18 adult relatives and five children, had settled in different communities, and the great majority of them had made a much better adjustment than we had expected. It is likely that some representatives from both sides, the newcomers and the communities, were disappointed, disillusioned and unhappy about the relationship and conditions. Some of the communities are going to feel the burden of the unhappy, complaining, 'lazy' new citizens, and those citizens are going to feel unwanted, unjustly treated and bitter towards the circumstances and the people who brought them there. One family, before placement, disappeared and went back to Germany apparently valuing the lifetime security which Norway was offering them less than some other thing which they had not found here—and perhaps will not find anywhere. Another woman left her comfortable placement and returned privately to Drammen, determined to seek work independently there and apparently valuing some contact or personal relationship which she had developed while at Konnerud more highly than the security of a proper placement.

The group of handicapped displaced persons who came to Norway in 1950 contained more problems and mental disturbance than one would have expected in such a group. This may be mainly coincidence, or it may be created by their physical handicap. It seems indubitable, however, that those traits which they showed were also largely due to their status as displaced persons. Their blindness appeared to disturb them relatively

little—mainly the single men who had difficulty in making women friends because of it—and it was definitely my impression that their statelessness was the main cause of their insecurity. Despite this, the majority appear now to be settling well and to be becoming normal members of their communities. They will be honoured and respected for what they suffered and for what they have made out of that suffering. It is such people who create a belief in courage and a belief in the value of realistic understanding among their neighbours, and by acting thus they have a value and importance to their new community—and perhaps also to other sufferers to come.

PART FOUR

Psychopathology

CHAPTER I

The Symptomatology, Treatment, and Prognosis in Mentally Ill Refugees and Repatriates in Switzerland

by

MARIA PFISTER-AMMENDE

[EDITOR'S NOTE. *The three years mental health study of refugees in Switzerland* by Dr. Pfister is the most elaborate that has hitherto been made of such a group, and the data which she presents here are the fullest which we possess. It is necessary, however, to insert a word of caution about the interpretation of her figures.

We have chosen to compare the mental disorder rates from these data with the annual rates of reported cases in a stable country—Switzerland. As Dr. Pfister points out, however, every settled country possesses many mental cases who never reach the official records—who perhaps never even see a doctor. It is well known that government statistics only record the numbers discovered each year, not the number of such cases in a community. With the present communities, however, every effort was obviously made to seek cases out and to obtain early treatment for them. Not only were Dr. Pfister and her assistants visiting the camps regularly, but—most admirably—the whole camp staffs had been educated by her to recognize and to refer for treatment behavioural abnormalities which in ordinary life might have caused no comment or have taken place behind closed doors. It thus seems likely, both that cases were caught which might have turned up through a more normal process only many years later, and that attention was given to types of disorder which, though true disorders, rarely see a doctor in a normal community. For these reasons it might have been better to have compared the present results not with annual rates of first admission to hospital, but with the findings of other socio-psychiatric surveys such as Bremer's in the north of Norway, Freming's in Denmark, or Joseph and Murray's in the Philippines.[1] Of these Bremer's is probably the most relevant, since it was conducted during the tension of war and many of his population were immigrants from Denmark. His data show that 5.56 per cent of the population were suffering from neurosis, exclusive of the personality disorders and war neuroses, and that if the latter are included almost 10 per cent of his population were so afflicted. His rates for other conditions are similarly high, and his picture is very similar to the one presented in this chapter. The method of inquiry was somewhat different, and the two studies are not fully comparable, but these similarities should at least make us consider whether the high rates reported here are not in part due to the method of inquiry used.

These considerations do not detract from the value of Dr. Pfister's article. The

[1] Johan Bremer. 'A Sociopsychiatric Investigation of a Small Community in Northern Norway', *Act. Psychiat. Neur. Scand.*, 1951, supp. 62. K. H. Freming. *Sydemsrisikoen for Sindslidelser*, Copenhagen, 1947. A. Joseph and V. Murray: *Charmorros and Carolinians of Saipan*. Harvard U.P., 1951.

absolute rates of mental breakdown in any group will depend to a considerable extent on the standards of psychiatry existing around them. The value of Dr. Pfister's article lies in its analysis of the types of disorder found, and the causes which are likely to have brought them about.—H. B. M. M.]

For centuries Switzerland has had the reputation of an asylum for the persecuted. In consequence, the rise of the Nazi régime and the ravages of the second world war led some 300,000 foreigners of 54 nationalities to seek refuge there. There were ex-concentration camp inmates and victims of political or racial persecution; escaped prisoners-of-war and deserters; 14,000 French children from the border area of Belfort, and 10,000 Italians from the Italian frontier area; even whole military formations, such as the French 45th Army Corps and a Polish division, who crossed the frontier *en bloc.* Between 1933 and 1939 these asylum seekers were placed under the cantonal authorities, but as their numbers swelled with the outbreak of hostilities the Federal Department of Justice and Police, in collaboration with the Army, took over the task. Excluding the military groups, who were under special control, and the border populations from Alsace and Italy, who returned to their own lands at the first opportunity, there remained 55,000 civilian refugees who had no possibility of leaving Switzerland in the immediate foreseeable future, most of them with no means of their own and with no connexions in Switzerland. Of these, 20,000 could be placed privately, but the remaining 35,000 had to be found accommodation under a specially constituted service called the Federal Camps and Hostels Administration (Eidgenössische Zentralleitung der Heime und Lager), hereafter called Hostels Administration. Refugees, who for physical or mental reasons were unsuitable for camps, were placed privately on the strength of a medical certificate.

Secondary to this main influx was another of rather different character, for which, however, similar arrangements had also to be made. It consisted of about 75,000 'repatriates' (Rückwanderer), people whose families had, either in the present or in a past generation, emigrated from Switzerland and of whom some were quite foreign, both in language and in mentality, to the people of their original motherland. Through special provisions of Swiss law, however, they had been able if they so wished to retain Swiss citizenship, and hence when life in certain parts of the world, especially East Prussia, became disturbed, they were still able to return to Switzerland as Swiss citizens.[1] Before 1944 such repatriates could usually re-establish themselves or find work with relatives, but after the end of the war thousands arrived, often after severe hardships, who had no means of subsistence and no family or other contacts with the land their forefathers had left. About 10,000 of these rootless repatriates, therefore, had

[1] A similar situation arose for Sweden, which had the problem of reabsorbing many thousands of people *of Swedish descent from the Baltic lands.—Editor.*

to be looked after by the Hostels Administration until they slowly re-established themselves in the community. About 95 per cent of those who returned from eastern Europe and East Prussia between 1946 and 1948 had to be taken into camps. In all, the Hostels Administration had about 45,000 people to look after, and it used 249 refugee camps or hostels, with 50 repatriate hostels, to do so.

In 1944, recognizing the great humanitarian importance of the refugee problem and aware of the serious psychological difficulties which refugee aid was encountering, the Swiss Academy of Medical Sciences urged an investigation of the question, and granted a credit for it. I was entrusted with the task. It called for immediate practical assistance of a social and psychological nature, initially for the refugees and subsequently for such repatriates as passed through the administration camps. This aid was organized as the Refugee Psychotherapeutic Service under the Federal Department of Justice and Police (just as Lucien Bovet's Service Médico-Pédagogique came under the Police department of the Canton of Vaud) and it stayed in existence for four years, during the whole of which time our research continued.

The amount of material amassed in this way was very great and it is still only partly analysed. It includes the investigation and psychological testing of 300 'normal' refugees, the special examination of 2,000 Soviet Russians [68], the medical histories of 751 refugees and repatriates referred to us as being mentally disturbed, the whole Hostels Administration files on individuals, and many letters, essays, and diaries from private individuals. Some seventy psychiatrists, both private and institutional, contributed to the scheme from all cantons in the country, and help was also received from four refugee doctors and from many lay personnel, both Swiss and refugee. For all this assistance we would now like to express our gratitude.

We have already reported at length in previous papers [64-70] concerning the general mental situation of the refugees and their collective and individual reactions, taking the healthy refugee and his reactions as the norm. In the present paper we therefore intend to concentrate on the psychiatric material, with a view to comparing the ill with the healthy at another time. Basically, this material consists of 715 case histories, drawn from a population of 16,462 refugees and repatriates who inhabited the administration camps during the three years 1946, 1947 and 1948. The combination of refugee and repatriate data in a single paper presents difficulties, since the two groups were so wholly different in many ways. But the possibility of being able to compare two markedly different migratory groups at the same time, in the same country, in the same type of accommodation, under the same administration and the same medical and psychiatrist care, and with their demographic details of nationality, age, sex, religion and occupation known—such a possibility is so rare and so potentially instructive that the disadvantages are clearly outweighed.

The over-all picture of the camp population concerned in the years 1946-48 may be summarized as follows:[1]

	Refugees	Repatriates
Number	7,532	8,930
Age and Sex		
Boys	9%	27%
Girls	6%	26%
Men	53%	14%
Women	32%	33%
Adults of working age (20–50)	69% adults	60% adults
Adults over age of 60	few	many
Country of Recent Origin		
Germany	21%	90%
Poland	24%	2%
Yugoslavia	8%	8%
Russia	7%	
Hungary	5.5%	
Austria	5%	
Baltic States (mainly Lithuania)	4.5%	
Czechoslovakia	2%	
Others	5.5%	
Stateless	16%	
Religion		
Catholic	42%	
Jewish	39%	
Protestant	14%	
Mohammedan	4%	
Others	1%	
Previous Occupational Group (men)		
I. Agriculture, forestry, etc.	12%	50%
II. Workers in industry, etc.	28%	38%
III. Skilled and semi-skilled trades, clerical and sales personnel	31%	
IV. Professions, administration and commerce	29%	12%

Among the *refugees*, workers and housewives predominate, followed at some distance by skilled tradesmen and small employees and then by the middle class, the agricultural group coming last.

During the war free employment for the refugees was restricted in principle, for political and military reasons, and because of the well-stocked labour market. Suitable refugees were placed in a few occupations where shortage of personnel existed, such as domestic and farm work, and in this way about 6,000 people, mainly Alsatians and Italians, were absorbed. For the remainder, 76 labour camps were established for the able-bodied, concerned with soil amelioration, road construction, drainage, etc. The main picture, however, was that some 35,000 refugees were forced, sometimes for years, to live in camps where the only work available was

[1] Source: Federal Department of Police and Justice, and Federal Bureau of Statistics. I would like here to express my gratitude to these bodies for all the co-operation they have given me, and also to Mr. Hans Zimmermann, of Zürich, for checking the *statistical methods and results*.

manual work of a kind strange to them, or participation in camp maintenance. Since all camps had a common mess and often, at first, common dormitories and quarters, it was impossible for families or single persons to recreate a life of their own with a reasonable measure of privacy. These years of inactivity and restriction put a heavy mental strain on refugees who had arrived in Switzerland fresh from the violent shock of persecution and flight.

After the war a boom developed in Swiss industry and it was possible for the fitter refugees, male and female, to find work and income with relative ease, even though the authorities continued to press them to repatriate or to emigrate and settle in another country. The work available was generally in industry, which suited many refugees well enough, and the farming elements were also often able to find posts which suited them. For the clerical and sales group and the middle class, however, work fitting their former occupations was rarely to be found; thus while their comrades could liberate themselves at this time easily from the lethargy and hopelessness of camp life, the upper and lower middle-class group were only able to do this if they could make the necessary physical and mental adjustment. Many did, for in 1947 and 1948 there were an average of about a thousand refugees from other social strata occupied as factory workers. During our three years of observation, therefore, an important social process was taking place.

The social situation which confronted the *repatriates* was quite different. Before 1944 they were principally men from industry, trade and the free professions who were able to rebuild an existence out of their own means or through family connexions, and who did not require to pass through camps at all. After the war the situation changed and thousands of those returning were unable to rebuild their lives by their own efforts, or to find immediate employment. Some of them had arrived penniless after as terrible experiences as the refugees had suffered, and others had lost all personal contact other than the legal one, with the land which their forefathers had left. Most of them had to be taken into the camps. But they were not faced with any police prohibitions and their sojourn in the camps did not need to be long, for they arrived at a time when industry was hungry for labour and willing to absorb anyone who was physically and mentally prepared for that type of work. They could start looking for work immediately they crossed the frontier and even receive official assistance from a special employment bureau run by the Hostels Administration. Most of them were forced to face a lowering of social status, for the milking foremen who formed the majority of the working males scarcely found any possibility of resuming their occupation, methods being so different in Switzerland from what they had been used to in East Prussia. But it was calculated that 80 per cent of the repatriates could eventually be economically assimilated, and as they were prepared to work hard they were offered a clear goal for the future.

The working of the Psychotherapeutic Service was aimed at reaching every individual who might need its help. To this end courses of instruction and lectures were given to all personnel from the central administration to the smallest hostel and from the camp directors to the cooks (the latter with their special mentality receiving a course of their own), the subjects including the general psychology of the uprooted and the kinds of pathological reaction to be expected. By this means the officials and most of the camp leaders understood our purpose and gave us their willing co-operation. Cases reached us through the camp doctors, through the camp directors (though we were careful to avoid the appearance of the intervention of an official machine), and also directly during our weekly visits. In addition, as nearly all the camp population were without private means, they could not see a doctor without getting a chit from the refugee sick fund. This office, which was next to our own, automatically reported every case of psychiatric treatment to us and asked our assent. Hence there must have been very few cases of manifest mental disorder in the camps which were not known to us.

Many cases referred to us in this way could be advised quite briefly and for these, numbering about a thousand, no case records were prepared. There was neither time nor personnel for such detail. It is from those who could not be attended to by means of a single consultation that the 751 case histories in our possession were drawn, and from which the 715 to be discussed here have been taken.

Of the 715 cases, 450 were adults and 265 were children and young persons. Two per cent of the child cases and 11 per cent of the adult proved to be without mental disorder; the main details about the remaining adult cases are shown in Table 1 below. In preparing such a table it is clear that for purposes of comparison one has to take into consideration not only the number of people involved, but also the length of time they were under observation for both migrant groups were quite abnormally mobile. When this allowance is made, we arrive at the figures of 6,068 man-years for the refugees and 6,903 man-years for the repatriates, as compared with the original totals of 7,532 and 8,930 individuals involved. On this corrected basis one arrives at a rate of 43 mentally ill refugees per 1,000 per annum (of whom 39 were adults) and 57 mentally ill repatriates (23 of them adults). These figures immediately strike one as high (though we do not know of any data published in this way by a mental health service specially for migrants: in a Norwegian population group which had been involved in the war and consisted only partly of migrants, Bremer found the rates of mental disorder similarly high, which Mr. Murphy already pointed out in his editor's note). Before discussing them further or comparing them with a 'normal' population it therefore seems desirable to define what is meant by mentally ill in this context.

TABLE 1. Mental disorders in refugees and repatriates: by age, sex, and main diagnostic categories. Adults over 20 years only. (Rates per 1,000 per annum.)

A. Refugee

	Age group								Sex					
	21–30		31–50		51–70		70+		Male		Female		Total	
Population	1,269		2,280		1,011		606		3,221		1,945		5,166	
Estimated man/years	1,023		1,837		815		489		2,593		1,566		4,153	
	No.	‰	No.	‰	No.	‰	No.	‰	No.	‰	No.	‰	No.	‰
Total Cases	*60*	*57.6*	*116*	*60.5*	*40*	*48.6*	*13*	*27*	*143*	*53.7*	*86*	*54.8*	*229*	*53.4*
Mental deficiency	5	4.9	6	3.3	—	—	—	—	4	1.5	7	4.5	11	2.6
Neuroses	25	24.0	50	27.0	11	13.0	—	—	49	19.0	37	24.0	86	20.0
Personality disorders	15	15.0	29	16.0	13	16.0	—	—	44	17.0	13	8.0	57	14.0
Organic psychoses	—	—	4	2.2	7	8.6	13	27	11	4.2	13	8.3	24	5.8
Endogenous psychoses	14	13.7	23	12.0	9	11.0	—	—	30	12.0	16	10.0	46	11.0
Undetermined	1	—	4	—	—	—	—	—	5	—	—	—	5	—
Hospitalized	*14*	*13.6*	*17*	*9.3*	*12*	*14.7*	*5*	*10*	*36*	*13.9*	*12*	*7.7*	*48*	*11.5*
Mental deficiency	1	1.0	—	—	—	—	—	—	1	0.4	—	—	1	0.2
Neuroses	2	1.9	4	2.2	—	—	—	—	4	1.5	2	1.3	6	1.4
Personality disorders	2	1.9	3	1.6	4	4.9	—	—	8	3.1	1	0.6	9	2.2
Organic psychoses	—	—	2	1.1	3	3.7	5	10	6	2.3	4	2.6	10	2.4
Endogenous psychoses	9	8.8	8	4.4	5	6.1	—	—	17	6.6	5	3.2	22	5.3

B. Repatriate

	Age group								Sex					
	21–30		31–50		51–70		70+		Male		Female		Total	
Population	663		1,341		861		477		1,003		2,339		3,342	
Estimated man/years	512		1,036		666		369		775		1,808		2,583	
	No.	‰	No.	‰	No.	‰	No.	‰	No.	‰	No.	‰	No.	‰
Total cases	*23*	*42.6*	*74*	*70.1*	*47*	*68.5*	*14*	*37.7*	*54*	*68.9*	*104*	*56.1*	*158*	*59.4*
Mental deficiency	3	5.9	9	8.7	1	1.5	—	—	3	3.9	10	5.5	13	5.0
Neuroses	8	15.0	32	31.0	10	15.0	—	—	9	12.0	41	23.0	50	19.7
Personality disorders	5	10.0	15	14.0	10	15.0	—	—	10	13.0	20	11.0	30	11.3
Organic psychoses	4	7.8	8	7.7	18	27.0	13	35.0	24	31.0	19	10.0	43	16.0
Endogenous psychoses	2	3.9	9	8.7	7	10.0	1	2.7	7	9.0	12	6.6	19	7.4
Hospitalized	*5*	*9.9*	*10*	*9.8*	*21*	*30.5*	*10*	*27.0*	*8*	*10.0*	—	—	*46*	*18.1*
Mental deficiency	1	2.0	—	—	1	—	—	—	—	—	—	—	2	0.8
Neuroses	1	2.0	1	1.0	3	4.5	—	—	—	—	—	—	5	2.0
Personality disorders	—	—	2	1.9	3	4.5	—	—	—	—	—	—	5	2.0
Organic psychoses	2	2.0	5	4.9	9	14.0	10	27.0	8	10.0	17	9.5	25	9.8
Endogenous psychoses	2	3.9	2	2.0	5	7.5	—	—	—	—	—	—	9	3.5

The figures cover all mental cases, as out-patients or in-patients, excluding the cases mentioned above which could be disposed of in one interview. As a matter of policy, as many as possible were treated as out-patients and only those who had lost control of themselves, or who were a danger to themselves or to others, were hospitalized. On this basis 82 per cent of the refugees, 71 per cent of the adult repatriates, and 82 per cent of the child repatriates were treated out of hospital. Those who were hospitalized—and who thus become perhaps a better basis of comparison with other populations—represent the very minimum of camp inhabitants requiring such hospital treatment since without a mental health service so close at hand many of those treated outside would have been hospitalized also. On this basis the hospitalization rates per 1,000 per annum were: refugees over the age of 20, 8; under the age of 20, 1; repatriates over 20, 6.7; under 20, 6.1. Standardized roughly on the Swiss population, these figures give 7 per 1,000 refugees and 8 per 1,000 repatriates per annum sent to mental hospital, compared with a first admission rate for the Swiss home population of 1-4 per 1,000.

On top of these are the suicide cases. Unfortunately there is not room here to expand on this potentially instructive topic. We can only note that there were eight adult refugees, four male and four female, who committed suicide, one of whom had been notified to us as a schizophrenic psychosis. On the other hand there was not one case reported from any of the repatriates, a clear illustration of the very different social psychological situations in which the two groups found themselves. These eight cases represent the enormous rate of 13 per 10,000 compared to the local Swiss rate of 2.4, the German of 1.9, and the U.S. of 1.12 in 1947, all of which rates are regarded as so high that books have been written about them. Combining these suicides with the hospitalized mental cases, we find that nine refugees in every thousand were each year developing a serious form of mental breakdown, exclusive of those cases whose breakdown took an antisocial (criminal) form. The corresponding rates for the Swiss repatriates and for the Swiss home population were 6.7 and 1.6 per 1,000 respectively.

The first result of our calculations, therefore, is to find that these two sociologically and psychologically distinct migratory groups, the one consisting of homeless refugees, the other of repatriates changing homes, show about five times as much serious mental breakdown as does the settled population of their country of asylum or return. And we have shown that this increase has not been inflated by the inclusion of lighter cases, since the existence of a special mental health service enabled all but the most serious to be kept out of hospital.

There is another side to this question, however, which must be mentioned here. In a stable country such as Switzerland the arrangements which exist for the care of the sick and infirm are, for historic reasons, multiple and varied. In Switzerland, for instance, there are the Epileptic Aid

Society, the Pro Infirmis, the Pro Senectute, and the activity of the village pastor or priest as well as the numerous unofficial homes for the mentally backward. With the aid of their doctors, usually general practitioners, they look after thousands of the mentally infirm who thereby seldom get into the official statistics. Moreover, in a stable country the less disturbed can often stay at home unnoticed and unaided even by the local voluntary bodies. But it is quite otherwise with the homeless. Each mental hindrance drives them willy-nilly towards the gutter on life's road, and there they must lie, naked in full view, their trouble cruelly obvious to the most casual glance of the public. Everything about them is noted, and much is exaggerated. In comparing our data with those from the official records of some stable country we must remember how different the conditions of collection of those data have been. Nevertheless we want to compare our results with the rates of mental disorder in Switzerland, for it is of no special importance to the refugee authorities of a country of asylum whether groups of migrants in other countries show similarly high rates of mental disorder due to uprooting as the migrant group in this particular country or not. For them it is, however, important to know whether, compared with the local population, special conditions exist among their migrants which call for special social and psycho-hygienic measures.

For the non-hospitalized cases it is not easy to find a comparable set of data from another population. In the above discussion of hospitalization we used the Swiss Federal Bureau of Statistics figures for the corresponding years,[1] but data on ambulatory cases are not published there. We may, however, take Bersot's 1950 estimates[2] of 20,000 psychiatric hospital outpatients and a maximum of 8,000 private cases in Switzerland, an estimate which works out at about 6 ambulant cases treated by psychotherapy per 1,000 home Swiss population per annum. Compared with that there were 31 adult refugees and 16 repatriates (equivalent to 26 refugees and 20 repatriates when the populations are standardized) per 1,000 making use of our psychotherapeutic service, excluding those who were only seen once. In other words, proportionately about four times as many refugees and three times as many Swiss repatriates were seeking psychotherapy as were seeking it in the resident Swiss population.

As a final measure of the seriousness of these mental disturbances, showing that they were not slight conditions which would have disappeared quickly without intervention, one may take the length of time needed for the various migrant groups to resettle. We find that the mentally healthy refugee, i.e. the refugee who did not attract special attention, averaged 9.3 months in camp, whereas the mentally disturbed required an average of 20.9 months, or approximately one year longer. With the repatriates, the healthy needed 8.6 months whereas the mentally sick

[1] *Eidg. Statistische Jahrbücher 1946–1951.*

[2] Henri Bersot. 'L'évolution des maladies mentales dans les hôpitaux psychiatriques suisses', *Protok. Schweiz. Ges. f. Psychiatrie*, 1951. Orell Füssli, 1953.

needed almost double that, 16.7 months. (The mentally ill women required on the average three months more than the mentally ill men.) There are two possible reasons for these delays: either the camp inhabitants with psychological troubles found the road out into a more normal society more difficult, or alternatively the extra length of time spent in camp by people with social difficulties—some refugees were already in camp as much as three years before our observations began—resulted in greater loss of spiritual balance. Which reason applied to which group does not for the moment require discussion though the question is of importance in relation to therapy. What is now important is the realization of the immense amount of spiritual suffering demanding help in such a situation—help both through general social amelioration and through specific mental health measures.

DIAGNOSIS

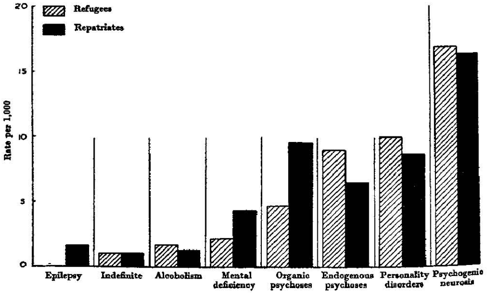
We now turn to the types of mental disorder through which this spiritual suffering expressed itself. In considering them we will use the comparable data published by the Swiss Federal Bureau of Statistics, and by the Zürich University Psychiatric Clinic, whose terminology we will also adopt.[1]

Considering the difference of origin, the incidence of the various types of total mental disorder as shown in Figure 1 is remarkably equal in the two migrant groups. Nevertheless, there are definite and instructive differences, for in the refugee cases the emphasis is clearly on the endogenous psychoses and the disorders of personality, whereas in the repatriates the emphasis is equally clearly on the organic psychoses, inclusive of epilepsy. In the refugees the proportion of endogenous psychoses plus personality disorders to the organic psychoses is 4 to 1; among the repatriates it is less than 3 to 2. While epilepsy is quite absent and alcoholism quite rare among the refugees, the neuroses and disorders of personality are high. Psychoneuroses in the strict sense of the term were not common in either group, comprising only 6 per cent of our cases, but were twice as common among the refugees as among the others. The increase in the endogenous depression which Dubs[2] had anticipated to be a result of war, is to be found among our

[1] The problem of translating this diagnostic classification into terms customarily used in the Anglo-Saxon world has presented a little difficulty. The main problem related to the world *Psychopathie*, for which the English 'Psychopathy' seems not at all appropriate. Dr. Pfister's meaning for the term will become clear to the reader, I think, in the discussion at the end of the chapter and there I have occasionally used the direct English translation. In the tables and initial text however, the term 'Personality Disorder' will be used, and occasionally 'maladjustment'. 'Psychoneurosis' is used only in its strictly Freudian sense, and 'neurosis', for all other minor disorders, including what might elsewhere be called 'states'. Senile psychosis, which in the International List is placed beside the endogenous group, clearly belongs in the organic group here.—H. B. M. M.

[2] P. Dubs. 'Der Einfluß des 2. Weltkrieges auf die seelischen Erkrankungen in der Schweiz.' *Schweiz. Arch. Psychiatr.* 189, 1952.

FIGURE 1. Refugee and repatriate mental disorder rates, by diagnosis total cases. Rates standardized for age. Adults over 20 years.



migrants, but only among the refugees, not the others, for whereas schizophrenia and mania are only thrice as frequent as endogenous depression among the refugees, among the repatriates they are eighteen times as frequent. We have noted a similar difference in relation to suicide.

We shall now examine the cases of the out-patients separately. As no general data for psychiatric out-patients in Switzerland are published, we refer to the statistics of the Zürich Psychiatric Policlinic.[1] As the latter is not relatable to any definite population, we cannot make any comparison by rate here, but we can compare the proportionate distribution (Figure 2). Here one finds that the different conditions follow almost the same ranking order in each of the three groups, and that the difference in the proportions of most of the conditions is quite small. The exceptions are the organic psychoses and the neuroses. In the latter category the psychoneuroses are much more frequently seen at the Policlinic than among our people; on the other hand our traumatic neuroses and reactive depressions stand almost twice as high as among the Policlinic's cases. This contradicts Hirschmann's[2] observation that neuroses in general do not also increase at such a time.

With these observations we more or less reach the end of the points which are common to both migrant groups, and it will be simpler if the remainder of our data are presented for each group separately.

The Refugees

The excess of the adult refugees sent to hospital lies above all in the endogenous psychoses and personality disorder categories, but with still a considerable excess in the organic psychoses and the psychogenous neuroses (Figure 3). This is to a limited extent what one would have anticipated from American experience of general immigrants, in whom both the endogenous and organic psychoses are known to be high. Another point of correspondence may be found in the observation (Table 2) that nationality has little to do with the increase, for in our own data the proportion of cases for each nationality goes step by step with the nationality distribution of the camp population. Only the Lithuanians, exclusive of the other Baltic groups, stand twice as high among the sick as among the camp population, this increase being accounted for mainly by alcoholism and neuroses. Conversely, the German section of the camp inmates appear to have a slightly lower proportion of sick than expected and it is surprising to find that this decrease is mainly attributable to their Jewish contingent, the Jews generally showing 7 per cent fewer cases than their numbers would suggest.

[1] Kantonale Heilanstalt Burghölzli, Zürich. *Jahresberichte 1946–1948.*
[2] J. Hirschmann. 'Über die Umweltstabilität der Neurosehäufigkeit', *Arch. Psychiatr.* 189, 1952.

FIGURE 2. *Proportionate distribution of adult refugee, repatriate, and Swiss home cases seen as out patients, standardized. (Note: These are not indicative of the incidence in each community.)*

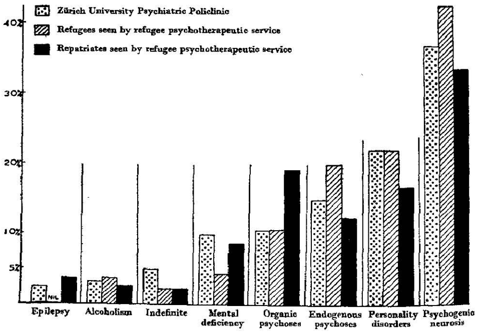


TABLE 2. Proportionate distribution of mental patients and camp population by claimed nationality.

	Population	Cases
Polish	23.8	24.8
German	21.1	18.6
Yugoslav	8.4	8.3
Baltic (chiefly Lithuanian)	4.4	9.9
Austrian	4.9	4.1
Hungarian	5.6	5.9
Russian	6.7	4.5
Czechoslovak	1.7	1.2
Rumanian	1.8	1.2
'Stateless'	16.0	16.5

The four- or five-fold increase in mental disorder among this homeless—as compared with a settled—population is thus seen to occur more frequently in peoples with only the most recent history of displacement than in the Jews with their thousand years of exile. The majority of the Jewish group had fled from a direct threat to their lives because of their race, and those who were deported or were survivors of concentration-camp internment cannot be said in any sense to have been 'voluntary' refugees, as were so many of the others who entered Switzerland. In consequence there were few aggressive 'psychopathic personalities' among them such as the non-Jewish German and Austrian contingents produced, and the cases of personality disorder and neurosis among them were uncommon. The main excess for them lay in the organic psychoses while the incidence of other psychoses among them was about the average. Another explanation for the rarity of personality disorders and neurosis among them may also be that the camp for Orthodox Jews was served by Orthodox Jewish refugee doctors who had gone through the hell of persecution and internment with their fellow-believers. Thus doctor and patient were linked by a strong bond, and the former was a 'Clanarzt' in every sense of the word. As we saw time and again, these doctors could guide the mental reaction of their flock with great skill.

The sex-ratio among our patients was approximately the same as among the refugee camp population. The figures for children are rather low, partly because no-one wanted to spoil a family's chances of emigration or repatriation for the sake of one 'difficult' child, and parents and camp leaders therefore preferred to remove children from treatment under these circumstances. In the younger age groups the neuroses were the chief illness; above 50 the endogenous psychoses, the disorders of personality and the neuroses occur at about the same rates, and above 70 the organic conditions

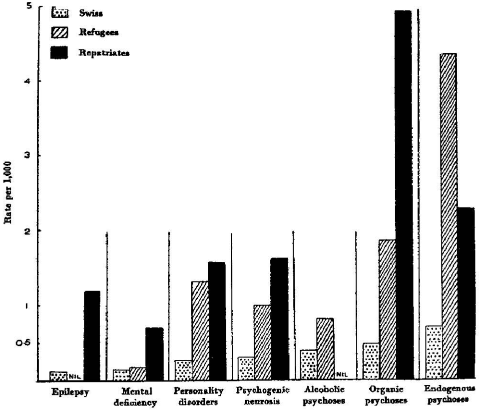
naturally came to the forefront. Among the refugee hospital admissions it was the 40-60 age group which showed the highest rate.

Former income level or educational status were not things which could easily be checked in these unstable, fluctuating people, and there was undoubtedly present that universal tendency, specially common in migrants, to overvalue the past. '*Bei uns in Wien*' is the eternal sigh of those who suffer from home-sickness. We were therefore always cautious about recording social data, and always tended to allocate a lower occupational category where there was any doubt, but even then our data here only deserve to be considered broadly. We confined ourselves to four main categories: I. Agriculture, including both farmers and employees; II. General workers, excluding agricultural; III. Skilled workers, clerical- and sales-people; IV. Middle class—professional, administrative, commercial, etc. In addition, housewives were counted in a category of their own.

In general, the farming, labourer, student and housewife groups have lower rates of sickness, the farming group being the lowest, whereas the middle-class group have by far the highest rates, 15 per cent above the average, the rise being equally distributed between the professional and the non-professional sides. More specifically, we see that the farming category produces only half of its expected proportion of organic psychoses and psychogenous neuroses. This small amount of neurosis is not easily explicable, but the absence of organic cases was mainly due to nearly all the group being below the age of 50. The next group, the labourers, show the highest alcoholism but are correspondingly the lowest in the personality disorders. In the third category the organic psychoses are especially frequent, notably among women, and in the fourth category, if one abstracts the students (who show no organic conditions), all the diagnostic group are 15 per cent above the average, the people with the higher education showing the more personality disorders, the others more neurosis.

The housewife cases show certain characteristics of their own. They showed exceedingly little personality disorder, despite the fact that they were, by reason of their ties and the limited employment possible to them, much longer in the camps than the other patients—26 months compared with 20.9 months for the patients generally. On the other hand the organic cases among them were remarkably numerous. The reason for the former is probably found in their adaptability (shown *inter alia* by the fact of their having married) and by the protective function of the family. The origin of the latter phenomenon, the increase in organic disorders, is properly not a question of social class at all but one of wartime experience, for most of these refugee cases arose among the aged Jews from Theresienstadt, Belsen, and other concentration camps. They arrived in an extremely debilitated condition in Switzerland in 1945 and were notoriously unable to recover their strength, so that organic disorders appeared very quickly. Among the 'voluntary' refugees, on the other hand, the organic psychoses

Figure 3. Adult refugee, repatriate and Swiss home population mental hospitalization rates—first admission only—by diagnosis, standardized.



were extremely low (1.2 per 1,000), since they arrived in a better state and a maximum of eight years was presumably too short a time for the organic, perhaps arteriosclerotic, sequelae to the traumata of persecution, flight and homelessness to have taken effect.

The Repatriates

The adult repatriates sent to hospital showed thrice as many organic cases (epilepsy included) as the refugees, thrice as many mental defectives, and only half the number of endogenous psychoses. They produced no alcoholic cases requiring hospitalization in the three years, but for the remaining conditions show approximately the same incidence as the refugees (Figure 3). As compared with the ethnically related Swiss home population the number of cases produced by the repatriate group is very striking: proportionately four times as many endogenous psychoses, six to nine times as many mental defectives, disordered personalities and neurotics, and more than fourteen times as many organic psychoses. Only among the alcoholic type of personality disorder, which ranks third in the Swiss home mental hospital admissions, do they stand better, having produced, in fact, no case at all.

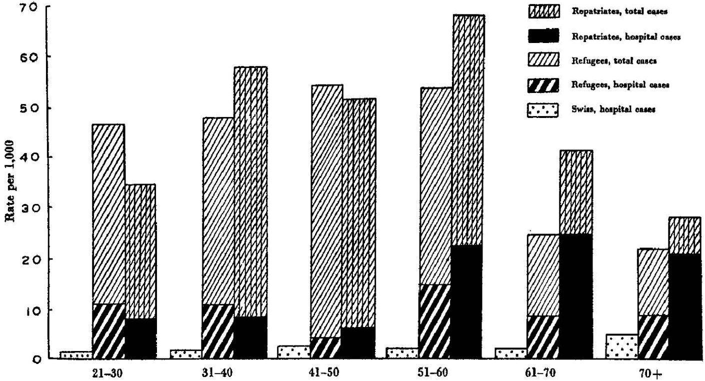
There is nothing exceptional about the racial origin of the cases, 90 per cent of both these and the local population being of German stock.

Regarding age and sex, we find—as with the refugees—that boys exceed girls in the younger age groups, and the 50-60 decade has the highest total rate. In the 30-50 span the neuroses predominate, but by the age of 60 the organic conditions are already the most numerous. The over-60's provide 27 per cent of the population and only 20 per cent of the total cases, but the hospital rate, which had already begun to rise in the 50's, is very high among them, so that admissions from the older age groups were three times as high as from the younger. This is quite different from the refugee picture (Figure 4).

The social stratification of the repatriate cases was also somewhat different from that of the refugees. Although the farming group comprised about 50 per cent of the repatriate camp population it only produced 30 per cent of the cases. Of the latter the male cases belonged mainly to the higher employed group—milkers and foremen—and the female cases were mostly the wives and daughters of those. The milkers' daughters showed a high percentage of mental deficiency, and their wives showed an occasional case of neurosis, but in the whole male agricultural group only one case of neurosis was found.

This was a large farmer who arrived in Switzerland with full equipment and showed considerable difficulty and psychological disturbance when faced with adjusting to our different and more restricted life. Through having considerable property at his disposal he clung to his old occupation—one of the few to do so—and it was eventually possible to find him a farmstead.

FIGURE 4. Age specific rates of hospitalized and non-hospitalized mental disorder, for adult refugee, repatriate, and Swiss home population.



The 236 children and adolescents among our repatriate cases are an important group for whom space does not permit discussion here. Many of them came to us direct from a life distorted by war, occupation or flight, sometimes with a history of the father being murdered or deported, or the mother violated. We conducted Rorschach testing, dream studies, and drawing collections for about 150 of such children, and the results present a staggering filmstrip of the way they lived. About their social background one can only say that unlike the adult cases the cases seemed to be distributed in the proportions as was the repatriate population.

TREATMENT AND RESULTS

In the refugee cases over half the adults and about four-fifths of the children and adolescents sent to hospital had by 1949 been discharged as socially cured or improved, while of those not sent to hospital two-thirds of the adults and three-quarters of the children and adolescents could be regarded as having been decisively helped. In the repatriate cases the picture was somewhat different. Half of the refugee hospitalized cases had been endogenous psychoses, which are conditions known for their high remission rates; the repatriates, on the other hand, produced mainly organic psychoses whose short-term prognoses are never good. Hence only a third of the adult repatriates sent to hospital have been discharged again. For the non-hospitalized cases, on the other hand, the recovery or improvement rates have been just the same as for the refugees. Neither during treatment nor in our results were there any clear differences between refugee and repatriates, or between members of different occupational categories. The doubtful and unsuccessful cases were distributed evenly throughout the two groups.

This bald summary of our results gives less than a fair picture of the value and possibilities of psychotherapeutic assistance in such groups. The most hopeful side of our work is seen in the neuroses cases, who represented over 40 per cent of the cases from the active years of life. Ninety per cent of them could definitely be helped, and only 10 per cent gave a negative or doubtful result, usually through premature interruption of therapy or through the failure of relatives to recognize the mental basis of a patient's condition.

Three forms of treatment were used—psychotherapy, of which 10 per cent was psychoanalysis; protective therapy; and social therapy. The psychotherapy and the protective therapy were effected by the therapist himself; in the other cases it was his function to make the diagnosis and to lay down the indications for treatment, which were then followed out by social worker colleagues. The necessity for and effectiveness of the combined approach may be illustrated with the following case:

A 57-year-old repatriate from East Germany in the hostel drew attention

TABLE 3.

	Treatment methods (neuroses only)		
	Refugees	Repatriates	Total
Psychotherapy	42 (42%)	32 (64%)	74
Protective therapy	35 (38%)	9 (18%)	44
Combined treatment	6 (6.5%)	1 (2%)	7
Social therapy	3 (3.3%)	1 (2%)	4
Group re-union	2 (2.2%)	4 (8%)	6
Change of locus	4 (4.3%)	3 (6%)	7

to himself by his peculiar behaviour. Examination revealed a progressive bulbar paralysis. He was absolutely against any form of treatment and insisted on being given work as chauffeur, a thing which had been forbidden him on medical grounds. He found himself work as a furnaceman, but that and other jobs did not succeed, and since he was as helpless as he was stubborn he found himself back in one of the Administration's camps. His two children were for the moment put into a children's home, but both the man and his wife continued to be completely opposed to his hospitalization. The busy wife left the camp to get work, but she suffered greatly from her intolerable situation, longing for her children and seeing the future ever blacker. Finally she reached the end of her tether and came to us desperate: she could not go on like this any more, one could not put her husband away, she must be with her children again, etc. 'What am I going on living for? We four would best be dead.'

Finally it was possible to persuade her of the urgency of her husband's hospitalization. She herself brought him to a home, and afterwards through our employment agency she found a job where she could live together with her children. Through her industry she was able to make some recovery and today she and the children are looking forward with confidence to the future.

SUMMARY AND DISCUSSION

The main points in the above picture may now be tabulated as follows:

Refugees		Repatriates
	Origin	
7,532 people from 54 lands seeking asylum.		8,930 people of Swiss origin.
	Goal	
Mostly uncertain. Country of refuge only temporary.		Goal now reached with arrival in homeland.

Living conditions

Retained in camps. Employment initially restricted, but later possible in industry. Obligation to move further. Partial drop in living standards.	Temporary protection in camps. Freedom of employment. No regimentation. Drop in living standards. Change into another mentality.

Pattern of mental disorder

Mentally sick remain twice as long in camp as healthy

Five-fold rise in suicide rate. Similar increase in psychiatric morbidity in all nationalities as compared with settled population.	Little suicide. Four-fold rise in psychiatric morbidity as compared with Swiss home population.
Approximately equal distribution of claimed nationality among cases and population.	Patients and population mostly have same patterns of racial origin.
High proportion of endogenous psychosis and of male personality disorders, the latter only among non-Jewish sector.	High proportion of organic psychosis and epilepsy. Little personality disorders.
High rate of endogenous depression.	Almost no endogenous depression.

Few cases of alcoholism.

Lower rates among farming group.	Much lower rates among farming group.
15 per cent rise in rates among middle class group.	
Lower rates among housewives, especially for personality disorders, despite longer stay in camp.	

More mentally disturbed boys than girls. 50–60 decade shows highest in- and out-patient rates.

No marked rise in true psychoneurosis.	
Abundance of other neurosis, highest among Lithuanians, lowest among Jews and farming group.	Very many other forms of neurosis, least among farming group and almost none among farming males.

Results of treatment

Half of hospital admissions discharged.	One third of hospital admissions discharged.

Two-thirds of out-patients are cured or improved.

90 per cent of neuroses treatable. No differences detected in suitability or response to treatment between two migrant groups or between national or social divisions.

What do these findings mean?

Neither migrant group were exiles—they either fled voluntarily or suffered individual deportation—and hence they present themselves not as balanced populations complete in their age groups and social stratification (as were the French border refugees or the East Germans of 1945), but rather as possessing a selective structure. Refugees are most often young single persons or small families whereas it was especially the ageing paterfamilias or widow with children who chose to return to the surer haven of the former fatherland. As a consequence of this we find that the refugees are more at an age for schizophrenia, while the repatriates held many of the type in whom the organic lesions might be expected.

No less than 45 per cent of the endogenous psychoses group gave a history of having had a spell of their disorder prior to migration from their land of origin, and only 6 per cent of them indubitably had no such history, the remainder being doubtful. It would thus seem, as Odegaard[1] and others have suggested, that there existed some inner connexion between the disposition to endogenous mental disorder and the decision to emigrate, but for lack of space that cannot be discussed here. The true psychoneuroses, on the other hand, were conspicuously rare in both groups, although other forms of neuroses were numerous and would have been still more so if one had included the many cases for whom only one consultation was given.[2]

Mental deficiency and epilepsy were rare among the refugees for a rather obvious reason. The defective's lack of foresight, and the epileptic's slow reaction time, are obvious hindrances during flight, so that they are unlikely to succeed if they attempt it. The defective may get through if dragged along by relatives, but the epileptic's attacks are likely to prove too great a burden for any fleeing group and very few of the latter cases had much chance of reaching asylum.

The personality disorders which were so frequently found among the refugees had two possible bases. In the first place there was the strain which the discomforts of migration and the years of abnormal camp life imposed on the social adaptability of each individual. Many who may have appeared rather 'normal' and socially fairly adjusted in their traditional

[1] Ornulv Odegaard. 'Immigration and Insanity', *Act. Psychiat. & Neur.*, 1932, supp. IV.

[2] The differential diagnosis between psychoneurosis and the other forms of neurosis has been of especial interest to me, as a Freudian psychoanalyst. Each diagnosis was usually arrived at by two trained psychotherapists. However, most of our cases were seen and followed up only for a year or two, and although this is as much as most psychiatric policlinics can do it did mean that it was usually impossible to take a longer view of the condition, with full history and follow-up. Consequently it is not impossible that one or two of the 'other neuroses' might have possessed a psychoneurotic core even when the actual disturbance gave no indication of turning in that direction.—M. P.

milieux may turn asocial, unacceptable, or 'psychopathic' under the restraint and inactivity of forced confinement in the camps. This can happen not only with the obviously weak personalities but also with certain politically active persons. Resistance, rebellion and sabotage presuppose a strong development of aggressive force within the rebel himself, and such energy is commonly denied expression by the barrenness and frustration of the camps and the sharp treatment which is usually meted out by the authorities to any form of continuing political activity. It is thus this constriction and regimentation of his existence which constitutes for the penniless political refugee—both in Switzerland and elsewhere—the greatest problem, and in people who had difficulties in making contact with others, i.e. narcissistic or autistic characters, 'psychopathic' reactions sometimes appeared in the camp. In a free immigration, as to the U.S.A., the thick skin and sharp elbows of such people could be used to advantage in the struggle for existence, but in the cramped surroundings of the Swiss camps their aggressive drives—if any crack existed in the individual's ability to maintain contact with the surrounding society—could lead to rebellion and antisocial behaviour. But the other 'politicals', like nearly all refugees who are filled with some single idea, were virtually immune to the more serious types of reactive psychosis.

The other possible basis for the high rate of personality breakdown among refugees was the difficulty with which, because of their poverty, they could get alcohol. The incidence of alcoholism, compared with that in the Swiss home population, was relatively low, and it is possible that some potential alcoholic cases were driven into other forms of personality disorder by the inability to obtain this often milder form of escape. It is our impression that in D.P. camps outside of Switzerland the abuse of alcohol was common, money being obtained for it through black-market dealings in a way that was much more difficult in Switzerland.

The repatriates give a different picture since they came from different circumstances. Their high rates for mental deficiency, epilepsy, and the organic psychoses can be accounted for partly by the tendency for Swiss citizens living abroad in a Europe ravaged by war to send their helpless and aged infirm to safety. On the other hand, personality breakdowns, reactive or endogenous depressions, and suicide were relatively rare since neither the social conditions which they came from nor those they found themselves in were such as to encourage the development of such states. The very fact that they had remained under a régime of which they could hardly have approved and only been spurred to leave by the total destruction of their livelihood there indicates that the politically active would be rare among them, and the absence of restraints combined with a favourable labour position put no pressure on them at the arrival end. The highest rates were among the middle class, who found the greatest difficulty in finding employment of their choice, a position which was the same among the refugees. Conversely, the farming segments of both groups had low

rates of disorder, in part at least because employment, not necessarily in their own trades, was offered them fairly easily. The only difficulty in this explanation is that the degree of relative immunity enjoyed by the farming groups seems excessive for the amount of economic preference met with. Other factors may be at work, and among them one must face the possibility that the apparent lack of response to the displacement situation may not be a healthy phenomenon. The lack of reaction on the part of the farming groups might possibly be related to the initial reaction of apathy which we had to describe as the most dangerous form of the displacement neurosis already in 1946 [64]. On this hypothesis it would be better for such people to abreact and 'let off steam' in the earlier months of displacement and resettlement, as we have observed that others do, rather than harbour their trouble until it has eaten so deeply into the core of their personality that its first manifestation will appear later only and then in an organic form. On the whole, however, I favour the employment situation as being the major factor here.

These various points have accounted for many of the phenomena which have been recorded, and it now remains to consider what our material can tell us about the influence of homelessness on mental disorder. By recognizing that both the refugees and the repatriates suffered uprooting and displacement we can see that the only thing they have in common, and in consequence the only thing which can be surely attributed to their homelessness, is a marked increase in the general neuroses (excluding psychoneurosis), affecting especially the 20-50 age group. On the other hand we can say that the psychoneuroses and schizophrenia do not, in our material, show themselves to be much affected, and the organic psychoses are not higher within the first 10 years at least, though they may increase later. Regarding suicide, the depressive states, and the personality disorders, we may say that serious frustrations during previous stages of the escape or expulsion need not lead to social or mental breakdown in the new environment, provided that that environment offers an adequate opportunity for leading a worthwhile life and an adequate prospect for the future. But where these opportunities and prospects are withheld, then it seems probable that homelessness renders such migrants peculiarly liable to mental or social breakdown, whenever a predisposition towards such breakdown exists.

From these conclusions it is easy to define what types of special care the rootless migrant requires. Firstly, the healthy person must be protected from depression or maladjustment by giving him work and pay with which to occupy his libido (and for this purpose compulsory labour is not suitable), freedom from restrictions which would tend to crystallize any tendency towards a 'psychopathic' attitude towards society, and the prospect of rebuilding a satisfying circle of personal relationships. Next, since the neuroses appear in any case there must be prompt treatment available for them, treatment which will help the displaced person to handle his fears,

to compensate his lack of security and to adjust himself to his new environment. As we have seen from the successes of therapy, these neuroses of the homeless constitute a very fertile ground for psychotherapy. It is here where for once a trained helper can, with little trouble and within short time, relieve great suffering which impedes or destroys the chances for a constructive life. Finally, since the presence of the mentally ill disturbs communities of this sort considerably, both the administration and fellow-migrants, and since inexpert handling of them creates a vicious circle, there must be facilities for getting suspicious cases quickly under psychiatric supervision. In the last context we may quote the final report on refugees by the Federal Department of Justice and Police.[1] 'The setting up of the Psychotherapeutic Service showed itself not only as necessary for the camps and hostels but also as useful for the care of other refugees. If the service had been in existence at an earlier stage a whole series of psychological mistakes would have been avoided, mistakes which made the care of the refugee substantially more difficult. Moreover, there were quite a number of difficult cases which would have been correctly treated from the start. The introduction of the Psychotherapeutic Service has certainly paid for itself.' From this it would appear that what is proved medically to be necessary has also proved economically to be feasible.

[1] Eidg. Justiz- und Polizeidepartement: *Das Flüchtlingswesen in der Schweiz während des 2. Weltkrieges und in der unmittelbaren Nachkriegszeit* (Amtliches Dokument). Eidg. Zentralleitung der Heime und Lager: *Schlussbericht* (Amtliches Dokument).

CHAPTER II

Refugee Psychoses in Great Britain: Admissions to Mental Hospitals

by
H. B. M. MURPHY

As described in Part Three, Chapter III, the refugees settling in Britain after the war fell into two main groups: the Polish ex-military personnel with their dependents, and the displaced persons from the camps in Europe. The former were the larger and more compact group, but because the responsibility for their supervision was rather vaguely defined the records of this immigration are not very complete. For the other group, however, the records held by various government departments have been unusually elaborate, and it was the existence among these records of an Index of Mental Hospitalization which chiefly enabled the following study to take place.

Since 1948 it may be said that no one group of displaced persons anywhere in the world is fully representative of the pool from which they all originally came. The scattering of these refugees to different countries has in all cases entailed a certain degree of selection, so that no conclusions about the general effects of displacement, as such, can be arrived at from any one branch of the original community today, without taking into account the conditions under which that branch was formed. The British immigration, though the first large branch to be formed, is no exception. The two main directions in which the British recruitment was unrepresentative were in regard to age and marital status. Being the first to exploit the D.P. pool, the Ministry of Labour officials recruiting 'European voluntary workers' were able to select an unusually high percentage of active workers in relation to accompanying dependents, and were able to impose quite narrow age limits. Hence only 3,900 dependents were admitted to Britain for 87,000 workers, and very few of the total group can be found outside the original age limits of 18 to 50. Further, although selection methods were not very scientific, the fact of being first in the field enabled the selection officers to reject freely any applicant whom they thought on interview to show some physical or mental weakness. This did not mean that they were as strict as some other immigration missions operating at that same time, but it did probably mean that the group who came to Britain were higher in manifest health than those who stayed behind or emigrated later.

There was another sense in which the people of the British immigration

might be said to have been healthier than those who stayed behind, although the operation of selection here was rather paradoxical. The terms of contract which the British offered were relatively unattractive, giving no clear promise of naturalization, reserving to the government the right to return the immigrant to his camp of origin after a year, and promising little in the way of later consideration for dependents who were left behind. Thus the refugee who felt unready to face the strains of resettlement—and as has been discussed elsewhere in this volume, there were very many such—did not need to seek far for reasons to justify his delay. Other possibilities of resettlement, though not immediately available, were already on the horizon. Hence it was the impatient, or the realistic, refugee who accepted the British offer while those who were still affected by past trials and as yet unwilling to face new difficulties stayed behind. It is true that some persons who could appraise the whole situation objectively probably decided to wait longer, but these were very few.

We may therefore say that from a mental health standpoint the effect of the British immigration conditions was to select a group with higher individual but perhaps lower social health, since the absence of families in the immigration would in the end be likely to have an adverse psychological effect. For the rest, the 'European voluntary workers' admitted to Britain at that time were fairly representative of the D.P. population from which they were drawn. (The term E.V.W. was later extended to include German and Austrian labour but these do not feature in this study.) However, to ensure that only refugees of fairly definite status were being studied, the immigration data were first broken down according to (claimed) nationality, and only the eight main groups were retained for study. The selected nationalities were Polish, Latvian, Lithuanian, Estonian, Hungarian and Yugoslav, plus the large, quite definable groups of Ukrainian and Polish-Ukrainian. Thus Rumanian, Bulgarian, Greek, 'Stateless', German and Austrian were omitted, plus the Czechoslovaks who, though their refugee history was fairly clear, were too few to calculate for. Later, it was discovered that the term 'Undetermined' was being used almost wholly by Russians or Ukrainians, who apparently used it interchangeably with the more orthodox terms, and as the whole Ukrainian records were going to be spoilt by patients using the one term on arrival and another at hospitalization, it was decided to include all the 'Undetermined' under the category of Ukrainian. It is probable that a few individuals have thus been included here who do not share the same background as the Russians or Ukrainians, but this is equally the case with most of the other groups, since in the D.P. camps people occasionally claimed a nationality they had no right to if they thought it would entitle them to greater protection or priority welfare assistance. In general, however, all these categories represent some fairly definable cultural or ethnic background, which will enable us later to compare the different rates of mental breakdown with certain social variables.

The immigration started in 1947 and was virtually ended by early 1950 having reached its peak early in 1948. The investigation was carried out in the spring of 1952, and, since certain records prior to 1950 were admitted to be probably less reliable, more attention has been given to the data for 1950 and 1951 than to those for the earlier years. Some seven hundred mental patient records in the Home Office department dealing with the E.V.W.s were transferred on to punch cards, and the first thing which was calculated was the general rate of first admission to mental hospital for each year since the immigration started. It was anticipated that the rates would be higher than normal for Britain, but, as is shown in Table 1, the degree to which they were higher greatly exceeded anything which could have been forecast from a consideration of previous data. However, these rates are 'crude' and since we already know that the E.V.W. population has a quite abnormal age distribution, it is desirable to compare each decade separately before drawing any conclusions. This comparison it has fortunately been possible to arrive at fairly closely; but it is by estimate rather than by calculation, firstly because the complete age distribution for the E.V.W. population was not available, and secondly because the Registrar General's data for England and Wales give age specific rates for *total* admissions only and not for first admissions. However, an estimation of the E.V.W. age structure was possible from a 1 in 50 sample of the complete Ministry of Labour signed contracts (including dependents), and the only error which this is likely to lead us into is with regard to sex differences, for it was not possible to tell the sex or claimed nationality from these documents; hence it has had to be assumed that the age distribution within each sex was the same. This accords with one's impressions, but might lead to minor errors. The second estimate (for England and Wales)—*first* admissions—was arrived at by taking 71 per cent of the total admissions at each decade, this percentage having been shown from other studies to be fairly constant for the age group in question, and unlikely to err by more than one or two per cent.

Figure 1 shows the ensuing comparison. Looking first on the right of the diagram, one sees that in the U.S.A. there is a small but definite gap between immigrants and the 'native born of native parentage' (to use the official phrase), this gap being the now well-known one which has been shown to remain fairly steady no matter what the origin of an immigrant group may be. As will be discussed below, the immigrant line may be roughly taken to represent the rates of mental breakdown which have been discovered in Polish and Russian immigrants being hospitalized under U.S. conditions. On the left of the diagram, we see that the latest rates for England and Wales run slightly higher than the U.S. pre-war ones, the difference probably being due to changing standards of psychiatry. The rates for refugees, however, are enormously higher at each age period and for both sexes, and can obviously not be closely related to those for immigrants only. The difference between the two sexes in the refugee graphs,

Figure 1. First admissions to mental hospitals (rates per 100,000 population at each age period).

Great Britain

European voluntary workers 1950–51 and total population England and Wales 1939

Estimated *

E.V.W.	male	
	female	
England and Wales	male	
	female	

Difference between male rates

Difference between female rates

U.S.A.

Foreign born and native born of native parentage (Massachusetts 1933 from Dayton)

Foreign born of foreign parentage	male	
	female	
Native born of native parentage	male	
	female	

Difference between male rates

Difference between female rates

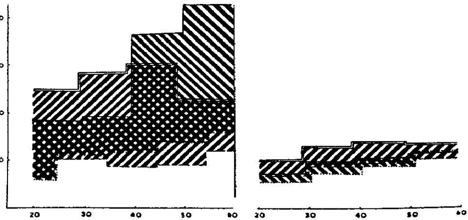


TABLE 1. First admissions to mental hospitals, for E.V.W.s and for England and Wales, with crude rates per 1,000 corresponding population per annum.

	Year	Mean population (1,000's)		First admission		Rates/1,000/p.a.	
		Male	Female	Male	Female	Male	Female
England and Wales[1]	1949	21,235	22,546	16,074	21,843	0.76	0.97
European	1947–49	39.5	13.9	302	69	2.76[2]	1.66
Voluntary	1950	61.4	19.2	166	46	2.70	2.40
Workers	1951	60.5	18.9	166	42	2.74	2.22

[1] Source: Registrar General's Report on Mental Hospital Admissions in England and Wales, 1949.
[2] For 1947-49 the male rates were calculated on 2¼ years since the first men only started to arrive in April 1947; the female rates are calculated on 3 years as they had begun to arrive earlier.

with the female markedly higher than the male in the higher decades, must be suspect since, as explained above, the method of estimating the age distribution in the population was possibly faulty here. But the over-all gap between refugee and local rates is not affected by this consideration. As they stand, these refugee rates are higher than any other published ones referring to a representative population, the closest to them being Malzberg's figures for immigrant negroes to New York State.[1]

But there is another form of 'standardization' or correction which, though not commonly used, should probably be applied to our refugee data before these rates can be compared with those of other populations. We have noted that the Ministry of Labour selection policy strongly favoured single people as against those with family or dependents. But it has been shown[2] that mental hospitalization in the U.S.A. is three times more common in single people than in married, with divorced and separated people giving very high rates indeed. The factors leading to celibacy in the United States are probably very different from the virtual enforcement of celibacy among D.P.s, so that it is unwise to assume automatically that the same ratio would hold in the E.V.W. population, but in so far as marriage and family life are considered to have a 'protective' influence,[3] that influence must be considered as definitely lacking among the E.V.W. community. Unfortunately, information on the proportion of married, single, and separated in the E.V.W. population is not obtainable, but we may

[1] B. Malzberg. 'Migration and Mental Disease in Negroes', *Am. J. Phys. Anthropology*, 1936, vol. 21, p. 107.
[2] N. A. Dayton (ed.). *New Facts on Mental Disorders*. Baltimore, 1940.
[3] Odegaard ('Marriage and Mental Disease', *J. Ment. Sci.*, 1946, vol. 92, page 35) believes that there is no protective influence and that the difference in rates can be accounted for solely by the fact that psychologically disturbed people find it more difficult to find mates.

assume that the number of married was less than 10 per cent, whereas with the same age distribution an American community would have over 50 per cent married. On this basis, and assuming—as is not perhaps justifiable—that the ratio of married to single mental cases remains constant, we may say that the E.V.W. rates should be reduced by a maximum of one quarter. At this hypothetical level they still remain extraordinarily high, if not quite so uniquely high as before.

A further adjustment which might be suggested as necessary at this point relates to the difference between 'first' and 'total' admission rates. As the E.V.W.s have been for so short a time in Britain, it is obvious that they would not yet have accumulated their normal proportion of 're-admitted' cases, and hence the choice of only first admissions for study seems more reasonable. At the same time, however, it must be admitted that we know nothing of the E.V.W. former medical histories, and hence it might easily be that some of the cases labelled as first admissions in our records should not appear there, since they had actually been in a mental hospital in some other country previously. The possibility exists, but there are several reasons for not allowing it much weight. In the first place it is probable that few aliens requiring admission to a German mental hospital during the war have survived, the state policy at that time being that they were not worth feeding. (In a survey of D.P. cases in German mental hospitals which I made in 1947, only one case out of over two hundred had been admitted to hospital prior to 1945.) The second reason is that if there had been such cases among the E.V.W.s, one would have expected a majority of them to have broken down, like Kino's patients, in the first year or two years after arrival, whereas the data on which most of our present calculations are based refer to later years. Finally, all statistics of first admission, not only E.V.W. ones, depend on the patient's statements for the main part, and in all such records there will be a certain percentage of readmissions masked as first admissions at the time of recording. For these reasons I do not feel inclined to make any adjustment in our figures to allow for such hypothetical cases, and readmissions are already sufficiently frequent to suggest that the figures for total admissions will soon be up to the expected 140 per cent of first admission rates.

The next important point which we may pass to is that of diagnosis. The Home Office index did not record these, but as it was clearly desirable that we should know something about them I collected separate data on some 250 refugee cases, direct from the six hospitals in England showing the most E.V.W. admissions. Not all the cases so reported on were E.V.W.s within the definition of that term used in this study—some were Polish ex-service men and some were refugees who had migrated privately—but nearly all belonged to the selected national groups, had similar backgrounds, and had probably arrived in Britain since 1942. A summary of the diagnoses in these cases is given in Table 2. It will be seen that, unfortunately, over 10 per cent of the diagnoses could not be fitted in to the classification more

generally used, but the majority of these unclassifiable cases were serious ones, with diagnoses such as 'Primary dementia', or 'Delusional state', certainly falling within the limits of the major psychoses and probably mostly within the schizophrenia-paranoia complex. This latter group thus clearly becomes the field within which most of the increase has taken place and there can be no question of the increased rates being due mainly—as has been suggested to me—to the admission of lighter cases who in British families would have remained at home. The seriousness of the average refugee admission is thus probably greater than that of the average British one, and this presumption is supported by the length of stay figures in Table 3, where it is seen that twice as high a proportion of E.V.W.s as of British get retained in hospital more than six months.[1] Other points to note in the table of diagnoses are the virtual absence of the organic and traumatic psychoses—a feature which probably testifies to the rough and ready efficiency of the immigration screening—and the frequency of depression among the female cases. This latter point would seem to invite further investigation, for it is usually thought that while schizophrenia rates are increased by certain types of environmental strain, manic-depressive rates remain unchanged. In the present case, however, although the diagnosis of depression is becoming noticeably commoner in Britain since the war (among females) the increase among refugees is much greater, no less than 30 per cent of the refugee female cases carrying it. That these were not simply minor reactive depressions requiring only a week or two in hospital has been confirmed by analysing the length of stay for these cases.

As different national groups showed such striking differences of mentality in the D.P. camps it would have been interesting to have seen whether these differences were mirrored in their types of mental breakdown. Unfortunately the 250 diagnoses obtained are too few to permit a statistically significant comparison of the eight main national categories. The most one can say at present is that the type of mentality observed does seem to be related to the type of mental breakdown, for while the ratio of schizophrenia to manic depressive psychosis is 9 to 2 among Polish, it is only 3 to 2 among Latvian males. Excluding diagnosis and returning to our main data, we are able to compare crude rates of hospital admission for these different groups, and here tests of statistical significance are possible. Figure 2 shows these crude rates by sex and claimed nationality, giving also the sizes of the respective groups at the different periods. Even excluding the 1947-49 data (which have been left in outline to indicate that their reliability is less sure) the differences in the male rates are beyond the 0.01 level of chance occurrence, and those of the female rates beyond the 0.1 level. The

[1] The figures are not fully comparable, since the one set of data includes re-admissions and the other does not. Before arguing further from these data one would first have to know whether re-admissions at the present time tend to stay in hospital a longer or a shorter time than first admissions. If they tended to stay a longer time, then the difference in the population of early discharges arising from first admissions would be less than is shown here, although a difference would definitely still exist.

TABLE 2. Diagnoses.

	European Refugees						British age 20—54[1]	
	Cases		Percentage		Group percent.		Group percent.	
	Male	Female	Male	Female	Male	Female	Male	Female
Schizophrenia	80	13	36.5	29.5	50.0	43.1	35.0	25.6
Paranoia	11	3	5.0	6.8				
Schizoid	19	3	8.5	6.8				
M-D. Psychosis	3	2	1.4	4.5	15.0	34.1	22.1	33.7
Depression	21	11	9.0	25.0				
Mania	9	2	4.0	4.5				
Anxiety State	15	0	6.8	0	19.2	11.4	19.2	19.5
Anx. Neurosis	13	1	6.0	2.3				
Psychoneurosis	14	4	4.4	9.0				
Toxic States	7	0	3.2	0	15.8	11.4	23.7	21.2
Unclassified[2]	25	3	11.4	6.9				
Others	2	2	1.2	4.5				
Totals	229	44			100.0	100.0	100.0	100.0

[1] British figures—Registrar General's Report on Mental Hospital Admissions in England and Wales, 1949.
[2] 'Unclassified'—see text.

greatest variations from the mean apparently occur in the female rates at the right-hand side of the row, but the sizes of the respective populations there are so low that these differences are quite within chance possibility, and the really important variation from the mean occurs in the Polish male rate. Even then, however, we cannot say that the exclusion of the Polish data would change the whole picture and reduce the refugee rates to normal limits. As compared with the Poles, the Latvians and Estonians appear to have the lowest rates, a contrast which invites interpretation in several ways, none conclusive by itself. Perhaps the most interesting other variation lies in the Ukrainian columns, for the differences between the years are statistically significant, and a peculiarity in the history of this group may enable us to come to some conclusions about the cause.

The main facts on the mental hospitalization of this E.V.W. group are now before us, but before going on to discuss them it might be as well to know the little which has been unearthed on the subject of suicide. The Home Office did at one time try to record E.V.W. suicides, having been

FIGURE 2. Refugee first admissions to mental hospitals by claimed nationality.

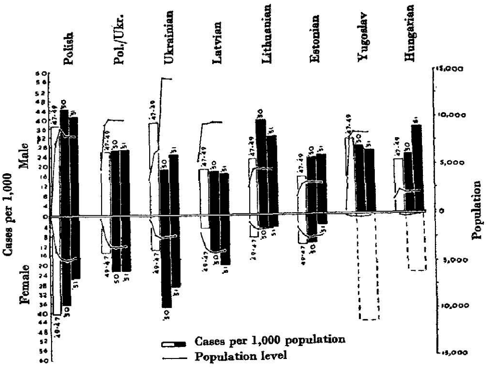


TABLE 3. Rates of early discharge.[1]

	Admissions		Discharges within six months		Percentage early discharges	
	Male	Female	Male	Female	Male	Female
England and Wales, total admissions						
All ages 1949	23,600	32,190	12,240	16,865	63	64
20–54 years 1949	15,120	19,440	8,888	11,930	70	74
European Voluntary Workers, first admissions						
1950	166	46	50	2	30	48
1951	166	42	49	13	35	33

[1] As data for England and Wales discharges in 1950 and for E.V.W. discharges in 1952 were not available, cases admitted in the second half of these years had their rates of discharge estimated on the basis of the average discharges at one week, one month, three months, etc. for the whole corresponding year.

prompted to do this by Ukrainian representatives who alleged a high incidence among their own people. Unfortunately, the means of collecting such data were not efficient, and it was clear both to the officials concerned and to myself that their records were by no means complete, even for the limited period which they covered. Only in the case of the Ukrainians did it seem probable that the subject had been properly covered, since here the national committee was assisting. To augment these data I attempted privately to collect records of suicides among the Latvians and I got sufficiently good co-operation to make the resultant figures fairly complete. The rates of suicide produced in this way (Table 4) are strikingly high, and again they merit the mournful claim to be the highest for any published data on a representative community.[1] The relation between suicide and mental disorder is complicated, but the advantage of including data on suicide in such a study is that suicide rates are comparable as between one community and another, and hence data from D.P. countries of origin can be included. It is improbable that all the other sections of the E.V.W. population showed as high an incidence of suicide as is here recorded, since the two groups illustrated were the ones in which the community leaders had become alarmed on the subject. Nevertheless suicide rates of this magnitude should be regarded as possible sequelae to a refugee existence, until it is proved otherwise. The highest previous rates which I have been able to trace are 45 per 100,000 for Chinese in the U.S.A. and 32 for Hungary.

From the data which have now been presented it seems reasonable to conclude: (a) that the displaced persons who came to Britain show a quite

[1] There were 4 suicides in 3 years among the Danish concentration camp survivors, giving a rate of 5 per 10,000, almost identical with those reported here.

TABLE 4. Suicide in two sections of the E.V.W. population.[1]

	Period covered by inquiry	Cases during period		Mean population		Rates per 10,000 p.a.	
		Male	Female	Male	Female	Male	Female
E.V.W.							
Latvian	10.49–9.51	12	2	9,850	3,900	6.09	2.56
Ukrainian	1.50–12.51	11	0	10,600	2,340	5.19	—
England and Wales[2]							
25–44 age group[3]	1.49–12.49					1.08	0.61

[1] Pre-war suicide rates in E.V.W. countries of origin are as follows (rates per 10,000): Poland 2.1; Latvia 1.7; Lithuania 0.9; Estonia 2.3; Hungary 3.2 (Penrose: *Br. J. Med. Psychol.*, 1939, 118,1). These are combined male and female rates for all ages; rates for the 20-55 age group would presumably be much lower.

[2] D. Swinscow. 'Some Suicide Statistics', *Brit. M. J.*, 23 June 1951, p. 417.

[3] Only one of the refugee cases recorded was over 45 years old, so this seemed the most convenient age group available.

abnormally high rate of mental hospitalization, with probably a correspondingly high incidence of suicide, and (b) that these high rates are not to be accounted for solely by peculiarities in the age, sex and marital state of that population, by the admission of unusually mild cases to hospital, by the presence of any single ethnic or cultural group, or by the fact of their being immigrants.

The obvious deduction from these conclusions is that such high rates are either a part of or a sequela to the refugee state. However, there are a number of other possibilities which must at least be glanced at.

The first is the possibility that all inhabitants of the area from which these refugees came would show similar rates of mental disorder if only medical and social conditions there permitted it. In as far as the psychoses are regarded as essentially inherited disorders such an ethnic or racial explanation seems the most probable one. This line of argument has already been weakened by the revelation that refugees from many different countries and ethnic stocks all show the heightened rates, but this objection could be circumvented if more specific data were not available. Fortunately, however, Malzberg's comprehensive studies of mental disorder in New York State include specific mention of Polish and Russian immigrants, and it seems reasonable to presume that these immigrants are of similar stock to our Polish and 'Ukrainian' refugees, while at the same time conditions in New York State were sufficiently similar to those in Britain for a psychiatric comparison to be possible. And Malzberg shows conclusively that the rates for Russian and Polish immigrants, when standardized (Table 5) were lower than the rates for immigrants from Western Europe and not higher than the rates for immigrants generally as illustrated in Figure 1.

Table 5. Standardized rates of mental disorder in Russian and Polish immigrants to New York (1929-31), compared with rates for immigrants generally and for 'native born of native parentage'.[1]

	Standardized rates per 100,000				Ratio to native rates			
	All admissions		Schizophrenia		All admissions		Schizophrenia	
	Male	Female	Male	Female	Male	Female	Male	Female
Native born of native parents	83.7	66.1	18.7	16.1	1.0	1.0	1.0	1.0
All foreign born	120.1	95.7	37.4	28.7	1.4	1.4	2.0	1.9
Russian born	86.6	85.7	33.9	25.8	1.0	1.3	1.8	1.7
Polish born	93.6	78.6	31.7	35.4	1.1	1.2	2.1	2.1

[1] Source: B. Malzberg. *Am. J. Psychiat.*, 1935, vol. 92, page 627 and *Ment. Hygiene*, 1933, vol. 19, page 635.

Any racial or cultural explanation of the high Polish refugee rates would therefore have to show that the refugee group came from a different section of the Polish community from that which supplied the earlier immigrants.

More important than race, perhaps, might be the question of social class. After Malzberg and others had largely disproved the racial theory of mental disorder, Clark[1] in Chicago showed the very close relationship between occupation and schizophrenia. By grading all admissions to mental hospitals over a certain period according to two scales of occupations, the one based on income and the other on prestige, he showed that there was a correlation of –0.70 between admission rates and income, and a correlation of –0.81 with occupational prestige. In other words, if a population sample such as our E.V.W. one were drawn mainly from certain employment categories at the bottom of Clark's scale, it should show a very high rate of mental breakdown, whereas if it were drawn mainly from occupational categories at the top of his scale, then it should show a very low incidence. The influence whose effects Clark is recording is presumably not occupation as such. The asocial nature of certain occupations may have some effect, but the main influence which is being observed is probably that of natural selection. A pre-schizophrenic is unlikely to fight up to the post of chief executive; he is much more likely in the months immediately before hospitalization to drift into some job where very little ability is asked of him. Hence although we must take the present occupation of the E.V.W.s into consideration later, it is presumably not this which concerns us here—for they were all directed into the lowest occupations on arrival—but their pre-war occupations, and in this matter we must face the possibility of

[1] R. E. Clark. 'Psychoses, Income, and Occupational Prestige', *Am. J. Sociol.*, 1949, vol. 4, page 433.

an adverse selection having operated. Through all the vicissitudes experienced by the D.P.s there were many occasions when a change could have had an effect on the type of person remaining. Particularly relevant is the allegation that the D.P. camps tended to fill with people who had never had a proper job, and who in consequence were better off in the camps than they had ever been before. (That such people existed in the camps is not to be doubted, but our concern is whether they existed in greater numbers there than in their parent communities.) Fortunately we have on this point a certain amount of independent information. Table 6 gives the occupational distribution of all IRO-assisted D.P.s in 1948, and hence of the population from which the later E.V.W.s were drawn. The figures here must be taken with a grain of salt, because few of the D.P.s were actually working in these occupations, and they tended to inflate their status in the hope of getting better resettlement opportunities. However, it is still striking how high the percentage of the professional class is, and when one considers that in 1931 53 per cent of Polish people were occupied in agriculture, as against only 40 per cent claiming that occupation among the D.P.s (unskilled labourers were classed under agricultural if they came from the country), then it is clear that even for Poland and Russia the D.P. population was not drawn mainly from the lowest occupations. The relatively large numbers with no previous work experience may be regarded as suspicious, but this is easily explained; these were the children taken for slave labour, but taught no trade and given no experience of work in any reasonable sense. Hence in general, the average occupation of the D.P.s would seem to rank rather higher in the prestige scale than the average in their countries of origin. This does not justify us suggesting, on analogy with Clarke's findings, that the E.V.W. population should actually show a lower rate of mental disorder, for we do not know to what extent the professional groups avoided Britain as a country for resettlement; but at least it seems reasonable to claim that there is no case for attributing the higher E.V.W. rates to some earlier occupational selection.

Another hypothesis which we must on consideration reject here is Odegaard's theory[1] regarding the tendency of pre-schizophrenic individuals to take to emigration more easily than their follows. It is a theory which one must accept as plausible with regard to normal emigration, and which very probably applies to certain groups of refugees. Dr. Prins' article earlier in this volume shows that where temporary alternatives to flight are offered, the decision may depend less on the externel pressures than on internal conflicts, and with the latter we might presumably include schizoid withdrawal. (My own experience of anti-Communist refugees first claiming sanctuary in 1948 or later suggested that in several cases there had been projected on to the political situation a conflict with society

[1] Ornulv Odegaard. 'Emigration and Insanity', *Act. Psychiat. a Neur. Scand.*, Supplement IV. (This theory has been challenged by Trygve Braatoy and others and has never been conclusively proved for any group).

TABLE 6. Occupational distribution of D.P.s in IRO care, compared with distribution of employed persons in the U.S.A., 1947. D.P. figures are for claimed occupation and exclude unskilled people with no previous work experience, the latter amounting to about 4 per cent of males and 20 per cent of females of working age. The U.S. data exclude unemployed and those, e.g. housewives, not in the labour market.[1]

	D.P.s in Europe		U.S.A 1947	
	Male	Female	Male	Female
Professional and semi-professional	11.2	12.0	5.6	8.8
Managerial and official	1.5	0.3	12.2	4.9
Clerical and sales	5.2	8.0	12.0	35.4
Service, domestic and other	2.6	23.9	5.9	21.9
Skilled and semi-skilled	40.4	25.3	39.4	22.8
Agriculture	29.9	22.2	16.7	6.0
Unskilled	9.1	8.4	8.1	0.5
Total	99.9	101.1	99.9	100.3

[1] Calculated from *Occupational Skills of Refugees*. IRO, Geneva 1950; and *Statistical Abstract of the United States*, Washington, 1948.

which had a deeper basis in the individual's personality.) However, while this hypothesis might well apply to refugees who sought flight as an individual decision, it cannot be said to operate among the earlier D.P.s whose displacement had been effected under immediate irresistible pressures. The majority of the earlier D.P.s left their homes only because these were razed by warring forces, or because they had been press-ganged into slave-labour corps, or because they had been arrested as soldiers, saboteurs, or for the infringement of petty regulations. Some of the Balts and most of the Hungarians might be said to have had some choice in the matter of their flight, but very few of the Poles, Ukrainians, of Yugoslavs would fall into this category, and it is precisely among the Poles that we have noted the highest incidence of schizophrenia. Much later, after the war, the Poles did have the opportunity of choosing—choosing to repatriate or to remain D.P.s—but it is difficult to see why in this particular situation the pre-schizophrenic should go one way rather than the other. One would expect him to drift with the crowd, and the crowd went home. At this juncture I believe that there were far more important factors at play than the vague tendency of the pre-schizophrenic to drift.

The operation of many other forms of social selection before or during displacement is possible. One may cite the question of whether it was the more stupid who got caught by the press gangs, or the more clever who survived annihilation. The eventual outcome of such pressures, however, is presumably shown as well in the occupational distribution of Table 6

as in anything else, and when one adds the positive effect of the Ministry of Labour selection, then it is fairly clear that there is unlikely to have been any adverse social selection working to such a degree that it could account for any substantial part of the exceptionally high mental disorder rates found.

In turning now to consider how refugee status or experience could produce an increased communal susceptibility to mental disorder we must recognize that this experience has many facets, and that different groups have been exposed, some more in one direction, some more in another. In the introduction (page 19) is a table which shows the main factors which have struck me as significant in the formation of most types of refugee mentality. The E.V.W.s all belong to group III of that table, but even among them there are variations in the degree to which they have been exposed to different traumata. The chief factor in refugee status which is responsible for an increased susceptibility to mental disorder cannot yet be said to have been defined, but there seem strong theoretical grounds for inculpating four interlocking factors, namely: (a) loss of homeland, where a feeling of homeland has previously existed; (b) experience of persecution, including physical injury and starvation; (c) cultural difficulty in adjusting to new conditions; (d) general social isolation.

The grounds for postulating loss of homeland as a factor lie in the realms of child and group psychology. From them we learn that 'belongingness' is a factor of considerable importance in the child, while adults who have no main secondary group to attach themselves to—'Marginal Men' as Stonequist[1] called them—are particularly liable to mental and social disorder. Nearly all the contributors to this symposium have noted the regression to an infantile stage of dependency which is to be found in newly arrived refugees, and Prins' chapter shows clearly the significance which the concept of motherland has at such a time. Nevertheless, there are certain groups among the refugees for whom motherland has almost no meaning. The east European Jews, the Ukrainians, and the Polish-Ukrainians especially, had little idea of regarding their former governments as benevolent parent figures. For them there is something lost, and we might generalize by saying that it is their secondary group attachment, but whether this is quite the same is to be doubted. The precise relationship between group belongingness and parental identification is something which needs further exploration.

The evidence in favour of including persecution alone without either of the other two factors, rests squarely on the findings of the Danish study in the introduction to this volume (page 12). From that study it seems incontrovertible that imprisonment in a German concentration camp for even a limited period produced a greatly increased susceptibility to minor mental disorder. However, it should also be noted that that study offers

[1] E. V. Stonequist. *Marginal Men*. New York, 1937.

no comparable evidence for an increased susceptibility to the major psychoses.

Cultural difficulty in adjusting to new conditions, in contrast to the two previously suggested factors, had been linked with susceptibility to psychosis. It has been shown[1] that immigrants to the United States from Britain and Canada have a definitely lower rate of mental breakdown than immigrants from other countries (though still higher than the U.S. native rate). However, the extent of this rule is not clear, for one would expect life in the U.S.A. to be easier for the German or Scandinavian immigrant than for the Russian or Pole, and yet the latter have lower rates of mental hospitalization. Dr. Kino's paper following this chapter indicates, with Allers,[2] that the language barrier may be important here, but the striking thing about Kino's cases is their short duration and favourable outcome, whereas, as has been shown in Table 4, the outcome of the majority of refugee cases in Britain is by no means so favourable.

The final factor which I have mentioned, and which may be said to derive in part from all the others, is linked to a theory of R. E. L. Faris. Writing in 1934, Faris[3] drew attention to the fact that in many schizophrenic cases the customary isolation and withdrawal, which is usually regarded as an early stage in this disorder, can be shown to have been externally rather than internally induced. In other words, he has postulated that social or cultural isolation imposed from without may be a causative or at least precipitating factor in the production of schizophrenia. I have found little subsequent confirmation for these observations, and it must be noted that the theory applies only to schizophrenia and not at all to other psychoses, but in relation to the degree of social isolation suffered by almost all refugees, the theory becomes rather attractive.

As not all these factors were suffered to an equal degree by all the national subgroups within the E.V.W. population, we may be able to compare their probable degree of responsibility by considering the differences in rates of hospitalization for each subgroup. The value of this is limited by the fact that the survey covers too few years to give much statistical significance to the differences observed; but a few rough correlations may be observed. In the first place, the gradation in male rates between the Poles at one end and the Latvians at the other follows very closely the degree to which each group was maltreated by its German masters. The Poles were the most persecuted group after the Jews, and as they resisted fiercely they were the further persecuted in consequence. Linked to the Poles in the initial persecution were the Polish Ukrainians and the Lithuanians, but the former were less patriotic—regarding themselves as a minority—so that by co-operating rather more they probably suffered less reprisals,

[1] B. Malzberg. 'Race and Mental Disease in New York State', *Psychiat. Quart.*, 1935, vol. 9, page 538.

[2] R. Allers. 'Über psychogene Störungen in sprachfremder Umgebung', *Zeitschrift f. d. gesamte Neur. und Psychiat.*, 1920.

[3] R. E. L. Faris. 'Cultural Isolation and the Schizophrenic Mentality', *Am. J. Sociol.*, 1934, vol. 40, page 155.

while the Lithuanians, coming more into the Baltic category, were less regarded as *Untermensch*. At the other extreme the Latvians and Estonians were regarded almost as *Volksdeutsche*, and quite kindly treated, at least when it came to fleeing from the Russians; and the Hungarians were regarded as dubious allies. The remaining two groups, Ukrainian and Yugoslav, were treated in a more complicated fashion. Regarded as *Untermensch* and hence to be persecuted in principle, their disagreements with their previous governments made them potentially useful. (The Yugoslavs did not behave as one nation, but as the members of different factions, among whom the Allies supported some and the Germans others.) Hence such Ukrainians and Yugoslavs as would fight with German support for some separatist movement of their own were encouraged and recruited by the Germans, and had a relatively easy time during the war, while those who would not co-operate in this way were treated almost as badly as the Poles. Now, if we consider the Ukrainian and Yugoslav rates, we see that, roughly, the male rates were high for 1947-49 and lower later, while the female rates remained high throughout. But the first Ukrainians and Yugoslavs to be made E.V.W.s were civilians from the D.P. camps, people who presumably had been badly treated by the Germans, while the later males (much more significantly for the Ukrainians than for the Yugoslavs) were ex-military in origin, 8,800 Ukrainians coming from P.O.W. camps in Britain, and these would be the refugees who had been best treated during the war. The illustration is not perfect, but it does at least suggest that the degree to which a refugee group shows mental disturbances may be related to the degree to which they actually suffered.

Loss of homeland and distance from the British culture do not fit the subgroup gradation in rates nearly as well. The Latvians and Estonians were quite as patriotic as the Poles. The Ukrainians, Polish Ukrainians and Yugoslavs should not have had any less difficulty in adjusting to British culture than the Poles; in fact the latter should have found it easier since they had so many of their ex-military compatriots present and these had been given special privileges.[1] Social isolation, however, might be regarded as showing a very similar gradation to that for persecution. Here certainly the Poles must be regarded as the greatest sufferers—more so probably than the Jews this time—since so many of their young people were taken and sent as labourers and servants to individual farms and families where they might occasionally be treated with kindness but were far more often regarded as little different from the swine. At the opposite extreme the Latvians and Estonians mostly remained at home until 1944, and when they fled to Germany were sometimes welcomed more openly than the German refugees themselves. With the Ukrainians, again, the same difference between civilian and military may be found, for the military, besides being less persecuted, possessed the invaluable support of belonging to an army

[1] See Part Three, Chapter III.

formation, a support to whose value Prins, again, has testified. Thus we see that while persecution and isolation are not synonymous, the picture given by the gradation in national rates of mental disorder within the E.V.W. population could equally apply to either, and it would seem reasonable to regard the combination of them both as the main factor predisposing to mental disorder in a refugee group, as far as the present data go.

From a practical point of view this conclusion is not quite satisfactory. Persecution is something which the reader of this volume can do little about. It is past for those refugees whom we are trying to assist today, and it is unlikely that considerations of the present type would carry one iota of weight with anyone planning any future persecution. Isolation, however, is a factor which may be continuing at present, and one would like to know to what extent the elimination or treatment of such isolation can reduce the refugees' susceptibility to mental breakdown. No answer is available on this point from the data so far mentioned, for the index of cases gives no information about the patient's recent life except the location of the hospital to which he was admitted. From another source, however, some interesting pointers have been obtained as to the significance of isolation in the refugees' resettlement milieu, including the possibility of affecting mental breakdown rates through it.

In the autumn of 1951 it was decided to inquire from the refugees themselves on certain matters relating to mental health and adjustment. The idea was to circulate a questionnaire in different languages through the central refugee bodies in London, not to refugees as individuals but to club secretaries, community leaders, priests, pastors and the like, who would be asked to summarize the position of their local national community as far as they saw it. The intention was only to collect impressions about the way in which such problems were viewed by refugee communities, and there was no thought at the time of the material being used for analysing the actual situation. However, the Polish community gave an unusual degree of co-operation, and in the end they returned nearly 60 answers giving information and opinions on over 20,000 refugees. In 50 of these answers the standard of reporting was remarkably high, and details had been given with such obvious care that it became clear that they were capable of contributing much more than had been expected. Most of the people reported on were not E.V.W.s but belonged to the other big group of refugees in Britain, the Polish ex-servicemen, but that seemed no reason for assuming that the two sets of data submitted here could not be considered together. Similarly, the rates of mental hospitalization which can be calculated from such a source cannot be accepted as absolute for they do not necessarily refer only to first admissions, and the reporters' memories and width of knowledge are likely to vary. But this is no bar to our using them for comparative purposes, since while there will be variations in the degree to which reporters remember fully, these variations should not exceed chance expectation and, with one exception, there seems

no reason why a reporter should find it easier to remember cases in one situation from among our variables, rather than another. The exception here relates to the size of the community. It is probable that the reporter from a small group will remember cases better than the reporter for a large one, and we will have to allow for that factor in our appreciation.

Each of the reporters was asked for factual information regarding the size of the community for which he could speak, the chief occupation, the number of cases admitted to mental hospitals among them in the previous two years, and details of any suicides which had occured. In addition they were asked, among other things, to give an opinion on the attitude of the surrounding British population towards the newcomers, and on the attitude of the Poles with regard to mixing and association with the British. From the answers to these points it is clear that we can correlate both mental hospitalization and, less usefully, suicide, with five different (or presumably different) variables; namely: (a) size of group; (b) predominating type of occupation within the group; (c) predominating type of accommodation used by the group; (d) attitude of the surrounding population towards the newcomers; (e) attitude of the newcomers towards the surrounding population. As the reporters were only asked to give the predominating state, and as very few communities were associated 100 per cent with one attitude, occupation, or type of accommodation, it follows that none of the alternatives which we can use within each variable can be very 'pure'. Hence, in as far as a causative relationship is postulated between any variable and the onset of mental disorder, that relationship will appear less marked than it would have done had the categories been more clear cut. On analysis, three of these variables showed internal differences greater than would be expected from chance, one lay on the borderline, and the fifth, comparing hostel quarters with private accommodation, showed no significant variation. The two most significant variables were those dealing with the attitudes of the new and surrounding communities. Table 7 gives the relevant figures, and Table 8 indicates that the variables are able to reinforce each other and hence are not simply different ways of measuring the same thing.

The results are quite surprising and, in my opinion, enheartening. In questionnaire material one must allow for the reliability, honesty, or bias of the informants, and it is not claimed here that all the reporters were completely reliable. This consideration, however, cannot explain why there are such marked differences in the expected directions between groups on good terms with their neighbours, and those on poorer ones, for it seems impossible that our informants would anticipate that this type of correlation would be worked out from their answers, even if they had a special interest to sway the result one way or another. Similarly, there seems no reason to link the reporter's ability to remember cases of mental disorder with his opinion on the relations between two groups. The only association that does seem possible is the one already mentioned, namely the likelihood

Table 7. Mental hospitalization rates as reported in questionnaires, broken down according to different variables. Rates for nominal two-year period.

Variable	Population	Cases	Rate per 1,000	Probability
1. Attitude of surrounding population				
Friendly	7,210	24	3.33	$Chi^2 = 6.6$
Indifferent	8,700	52	5.98	$p = 0.05$
Unfriendly	2,575	16	6.21	
2. Attitude of Polish group				
Mixing	5,700	15	2.63	$Chi^2 = 8.21$
Not Mixing	12,675	76	6.00	$p = 0.01$
3. Size of group[1]				
Large (over 350)	13,300	59	4.42	$Chi^2 = 2.78$
Small (under 350)	5,155	35	6.40	$p = 0.10-0.05$
4. Chief occupation				
Mining	1,290	12	9.3	$Chi^2 = 7.3$
Textiles	2,880	16	5.55	
Others	14,315	64	4.47	$p = 0.02$

[1] The choice of 350 as the dividing line between large and small units was an arbitrary one, being that which seemed to give the greatest difference in hospitalization rates.

that the reporter from a small group will remember more fully than one from a large community. Thus once we have ensured that our other variables are not linked to a major extent with size (and Table 8 shows that they are not), we have no grounds for expecting chance errors in reporting to sway our data, and we must accept that the differences in hospitalizations shown are in some way related to the variables studied. We see that the few communities who are mixing fairly well with the local community show a rate of mental hospitalization which is less than half that of their companion communities which remain mainly aloof. We see also that where the local population is positively friendly and not indifferent to the newcomers, the rate can probably be lowered still further, whereas if the local population is definitely unfriendly to the newcomers, and especially if the newcomers are only a small group, mixing is not attempted by the refugees and the rate of mental breakdown gets quite high. The latter type of situation is particularly to be found in the few mining groups from whom reports were received, and here one can easily imagine that the effect of being unaccepted by one's neighbours is particularly disturbing under the conditions of danger and isolation in which the miners work. The figures for suicide show the same trend with proportionately fewer cases in the mixing groups, but the numbers are too few for the difference to be statistically significant.

TABLE 8. Analysis of questionnaire hospitalization rates in combinations of two variables.[1]

	Variable 2				Variable 3[2]			
	Mixing		Not mixing		Large unit		Small unit	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Variable 1								
Friendly	7	2.02	17	4.55	20	3.69	4	[4.76]
Indifferent	8	3.03	43	6.88	29	6.10	22	6.14
Unfriendly	0[3]	—	16	6.21	12	5.00	6	10.40
Variable 4								
Mining	2	10.0	9	7.03	3	[3.33][4]	7	23.7
Textiles	46	2.98	12	8.96	7	4.11	9	7.66
Others	9	2.1	57	5.38	51	4.55	15	4.16

[1] Two reporters whose answers have been used here did not record the attitude of their group, and the above figures do not completely tally.

[2] In general, one may infer from the data that where a group is small and feels itself to be surrounded by an unfriendly population then, especially if the main occupation is a dangerous one such as mining, the rate of mental hospitalization rises sharply.

[3] There were no groups who attempted to mix although the surrounding population was felt to be unfriendly.

[4] Where rates are shown in brackets the size of the relevant populations have been too small for such rates to carry much significance.

I have said that I found the results from this last investigation enheartening. The whole trend of this study of psychosis had previously been towards the conclusion that refugees are liable to be a burden on the mental hospital services of any country which admits them; and that the conditions which produced their increased susceptibility lay out of reach in the past. Now, however, we possess data suggesting that a relatively simple manipulation of current conditions may enable us to reduce the excess rates of mental breakdown by half. It should be noted that the variables which we have considered do not apply to the *individual;* it would be of little significance to discover that the individual pre-schizophrenic refugee does not mix well with his neighbours, and rather futile to try to reach him. Our variables refer to the refugee *communities* to which the individual cases belonged, and we come to the interesting and important conclusions that the general attitudes of such a community towards its neighbours can affect the mental stability of an individual within it. The cases of mental disorder in each community are far too few to affect the general attitudes held by the majority, but apparently those majority attitudes can affect the individual even though he may not himself hold them. And it is those majority attitudes which are definitely within our power to effect. Hostility in the surrounding community is uncommon—indifference

is much more frequent, and to turn indifference into friendliness may require relatively little action. Dr. Bülbring's comparative studies of different communities in Britain (Part Three, Chapter III) show that a difference in atmosphere is possible with a little deliberate effort, in conditions such as we have been considering. That emotional contacts are often of great importance and of definite protective value to refugees suffering from some degree of maladjustment or neurosis is fairly widely known; that it is also probably of value in protecting them from psychosis should now be added to that knowledge.

The other thing which this additional questionnaire material has done for us is to reveal social or cultural isolation as probably the major factor in producing excess mental disorder in refugees. Our consideration of the differences in national rates made it seem possible that such isolation was a main factor, but against this had to be weighed the suggestion of Hertel Wulff and his colleagues that it was mainly a matter of starvation or physical ill-treatment which produced mental disorders in concentration camp survivors and similar groups. Much more work needs to be done on the subject, and in particular on the differential effects observed in the neuroses and the psychoses, but we can at least say that the experience of not belonging to a surrounding group may be a significant factor in the aetiology of the psychoses. I can think of no other hypothesis which fits so well the sum of the data presented in this chapter.

CHAPTER III

Refugee Psychoses in Great Britain: Aliens' Paranoid Reaction[1]

by

F. F. KINO, M.D.

Psychotic states due mainly, but not exclusively, to unusual external circumstances are commonly exemplified by such mental disorders as are occasionally met with in persons in prison, or those morbidly homesick, or suffering under the strain and stress of advanced deafness. In the great majority of these instances, however, the external conditions represent only an additional, precipitating, aetiological factor which is operating as a trigger mechanism to a mental derangement of non-specific character already present in a latent state. It may therefore be of some theoretical and practical interest to report on a group of acute and subacute psychotic states whose history, features, course and outcome charaterize them as constituting a readily recognizable clinical entity of purely psychological, situational, origin.

During the year 1948-49 a number of young men of Polish nationality were admitted to this hospital under certificate or as voluntary patients. All of them arrived in Britain after the war. Their ignorance or very defective knowledge of English was a great handicap to a deeper analysis of their mental states, though my own knowledge of the Polish language was sufficient to allow me to get in good touch with them, make them converse in their native tongue and peruse their writings. In most of these cases the clinical aspect and progress were so similar and at such variance with the common features of an affective or schizophrenic disorder that the particular character of the psychotic state very soon became evident.

Short extracts from the case histories may illustrate the particularity of this mental aberration.

1. T. N., 28 years, single, admitted 27 February 1949 as a voluntary patient in an acute state of agitation and panic, hallucinated vividly, heard people saying that he was to be killed and thought the police were following him. He knew where he was and tried to co-operate and to answer simple questions. When reassured he asked in a frightened and subdued voice: 'Have I really got to die?' After a fairly good night (with sedatives) he was able to give a fair account of himself. He had been at secondary

[1] Reprinted from the *Journal of Mental Science* (vol. 97, 1951) by kind permission of the editor.

school when the war broke out in 1939, entered the Polish Army at the age of 18, remained with the forces for seven years, sharing first the strains of the war, the miseries of imprisonment in Russia, the Polish Army Corps, the fighting in Italy, until 1946, when he came to this country. He had never been seriously ill before, though very sensitive and homesick for his old mother in Poland. No mental disorders in his family. *He was otherwise in fair health and of good physique.* He became gradually quieter, and able to discuss the circumstances which led to his nervous breakdown. After discharge from the army he had done heavy manual work, digging lime, which did not satisfy him, being so inadequate to his standard of education. He lived fairly solitarily, and the exhausting work left little time and energy to learn English. For the past few months he had had an affair with an older, married, Englishwoman and he felt that this was wrong. He had grown restless and suspicious, believed that everyone knew about it, heard his fellow *workers talking about him though he could not understand their English*, was sure he would be killed and there was no more hope for him. He assured me again of his innocence as to any other accusations. Gradually he became quieter, but four weeks after admission he had an acute relapse with anguish, hallucinations and delusions. E.C.T. was without effect, but good recovery followed a course of insulin comas. He was discharged on 6 July 1949 in good mental state, grateful, cheerful, sociable, and fit to go back to his work.

2. St. G., 25 years, single, admitted 24 September 1948 under certificate. *On admission he was highly agitated, emotional, and in a state of anguish.* For the next few days he remained restless, resentful and unable to give a sensible account of himself, complaining that his memory for the events of the past few weeks seemed unreal and confused. He was of good physique, and as he assured, always in good physical and mental health. No mental illness in his family. He came to this country in 1946 with the Polish Army Corps and after discharge from the forces worked as a cook in a miners' hostel among his compatriots. His knowledge of English was almost nil. About three months prior to admission he *started to feel lonely and homesick*, became *restless and suspicious*, believed that people thought him a spy, experienced strange illusions of smell and taste, the cigarettes tasted badly and he smelled an odour of corpses. He destroyed a wireless set because he thought it was prepared to spy on him. He found a lot of indirect remarks about himself in the newspapers, although he could not read English. After a fair improvement he suddenly relapsed with agitation and a suicidal attempt. Eventually he made a fair recovery, though *still a little mistrustful* and solitary. He was of average intelligence.
3. S. F., 25 years, *single*, admitted 24 September 1949 as a voluntary patient. On admission he was difficult to approach, tense, suspicious, frightened, surly and hostile, but after a few days more approachable

though still very reserved. He came to this country in 1946 with the Polish Army Corps from Italy, where he had seen much hard fighting. He had always been physically and mentally well, and had worked latterly as a general labourer. A few days before admission he complained of severe headaches, became frightened and excited, insisted on keeping the door closed, heard clocks ticking though no clocks were near. He disappeared suddenly from his hostel, wandered aimlessly about all night, came back the next day and reported to the police; when taken by the ambulance to the hospital he suddenly jumped from the moving car, looking suspiciously at everyone. When more settled he said that he could not remember correctly what happened to him during the last few days. He thought that his friends had been avoiding him lately and talking about him in an unfriendly manner. Gradually he had become frightened. After several weeks in hospital he was more settled, though on occasions still depressed, and refusing food. He was of fair intelligence, though his knowledge of English was very poor. After a stay of several weeks he left in a fair mental state, quiet, co-operative and sociable.

St. H., 33 years, single, admitted 21 February 1949 as a voluntary patient complaining of severe headaches. He was wary and suspicious, but able to give a fair account of himself. He had served with the Polish forces, came to this country in 1947, worked in a pit and lived in a miners' hostel. The morning after admission he was in an acutely excited state, trembling, talking rapidly and relating spontaneously an extraordinary experience of the night before. He had seen the Holy Virgin standing at his bedside telling him that he was sent here to be destroyed, but she would protect him. A friend of his who visited him reported that three months before he had told him that he would be poisoned because of a Polish girl. Later he became very restless, anxious and frightened. In the hospital he remained for a while solitary, suspicious and moody but gradually became quieter, with better insight into being ill, though still inclined to exaggerate his well-being in order to get approval to leave. He said that he had noticed that during his stay here—and this seemed to have a special meaning for him—his eyes had changed their colour. He stated he had always been in good health, and nobody in his family has been mentally ill. He was of fair intelligence, but his English was very poor. Five weeks after admission he desired to be discharged and went back to his hostel.

W. W., 37 years, single, admitted 16 May 1949 as a voluntary patient after making an attack on another man with a bread knife in a quarrel. He was ignorant of English, quiet, rather dull, suspicious and reserved. He denied any mental trouble before. He was of farming stock and of very good physique. He served in the Polish Army, was taken prisoner, spent five years in Germany working as an agricultural labourer, came to this country in 1948 and worked in a steel works. He believed that

the other inmates of the hostel he was living in persecuted him, called him a German and tried to steal his girl friend from him. He denied any hallucinatory experiences, but remained suspicious till his discharge after a stay of six months.

All these cases have several significant features in common which set them distinctly apart from other psychotic disorders with paranoid tendencies, namely, the pre-morbid history, the specific environmental circumstances at the onset of the illness, the characteristic clinical manifestations and the final issue of the psychotic episode.

A dependable account regarding the state of mental health in their families was not possible to obtain, though all of them denied any instances of mental ill-health among their relatives. Their personal state of health, at least for the past six to eight years, could be more readily ascertained by the known and partly documented histories of that period in their lives. Though each of them was exposed for many years to the extraordinary physical and mental stresses of war, captivity, exhausting wanderings with the Polish Army Corps or German labour camps, none of them had had a nervous breakdown or was seriously incapacitated in his efficiency for service or labour. It will be agreed that no harder tests could be invented in order to prove a good physical and mental health and a high grade of constitutional make-up in a man.

With transfer to this country all the dangers and strains of war or captivity were completely removed, and these men could enjoy a freedom and material well-being they had not known for years. One would expect that such a wholesome turn in their circumstances would rather have enhanced the good state of their mental health, and made them resistant to the minor troubles commonly associated with a transfer to foreign surroundings, especially since they had already been away from their own country for many years. As a matter of fact, as long as they continued to live within their own units or groups they felt well and relatively contented. The change occurred with their transfer to workshops or pits, where they found themselves isolated in a foreign environment whose language and habits were unknown to them, making every attempt at interpersonal approach very difficult. Being accustomed at home to lively and voluble companionship, the impossibility of making conversation and friendly contact with their new companions left them emotionally upset. Misunderstandings and misapprehensions unavoidable in such a situation evoked their suspicion and mistrust. Harmless talks or remarks of their fellow workers to one another were interpreted as hostile observations, though they were unable to understand the language. Gradually this morbid state of mind grew to such intensity that a rational appreciation of the environment became quite impossible.

In one or other instance the development of the psychotic state was nurtured or accelerated by some factual misconduct on their own part, which under normal conditions would hardly have led to self-reproach.

Others ascribed the presumed hostility to their nationality, their conduct during the war, or to false accusations as to their political opinions. The progressive emotional tension culminated in several instances in a state of elemental panic and confusion, with impulsive running away or suicidal preoccupations. Some of them experienced vivid visual or auditory hallucinations whose content was closely connected with their delusional preoccupations, corroborating their ideas of reference or persecution. Though unreasonable, their delusions were never of a nonsensical character.

The predominant clinical features on admission were a state of agitation and fear, combined occasionally with slight confusion, deep mistrust and, rarely, emotional outbursts. Their expression and behaviour were adequate to their affective state and genuine, without a shade of theatricality. It was rather the natural deep grief of an innocent person suffering under false accusations and slander. After a few days' rest (and sedatives) a fair contact could be achieved, though they did not believe in reassurances, and insisted on the reality of their fears, delusions and illusions. Hallucinatory experiences were rare. Some believed their food was being poisoned and refused it. Gradually the more intelligent of them felt the desire to talk of themselves, to assert their innocence again and again, to refer to their good conduct in the services and to testimonials from their superiors. Though they exaggerated the importance of some minor misbehaviour, false self-accusations were never made. Over-estimations of their personalities, either in the form of importance or martyrdom, were not observed. In states of anguish their consciousness was slightly clouded but was never lost, and they were never stuporose. In quieter mood they were fairly well oriented, and able to give an accurate account of their remote history, and partly of experiences prior to the acute breakdown. They never had the feeling of being really ill or influenced by other people. From their conversation, letters to friends or relations, sociable conduct and fair adaptability to hospital life it was evident that their intelligence was not impaired, though never above average.

Under non-specific psychotherapy, supported by E.C.T. and in one case by insulin coma treatment, they gradually became more settled, with more and more insight into the abnormality of their feelings and ideas, and were eventually able to go back to their former surroundings and occupations.

The external conditions which give origin to such psychologically determined mental reaction are fortunately rare, and therefore the number of publications dealing with this type of psychotic disorder is limited.

The three cases reported by R. Allers[1] seem to be the first to refer to psychogenic mental aberration of a similar kind. All of them foreigners, in good mental health, they were admitted to a general hospital in Austria among German-speaking patients whom they could not understand, and with nobody to translate their own tongue. They soon developed an acute

[1] R. Allers. 'Über psychogene Störungen in sprachfremder Umgebung', *Z. f. d. ges. Neur. u. Psychiat.*, 1920.

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psychotic state conspicuous by fear, agitation, ideas of reference and persecution, with illusional distractions of harmless experiences, and with suicidal tendencies. Allers, by calling these disorders 'persecutory delusions of lingually isolated persons' emphasized the aetiological importance of language. The observations of Kurt Schneider[1] under the heading 'Primary Delusions of Reference' are of kindred character, though he believes that the bewildering experience of being suddenly transplanted into a foreign environment is of no less importance then the lingual difficulties. Similarly to the cases of Allers, in Schneider's cases the paranoid affect-storm developed acutely and resolved completely after several days, with full insight into the morbidity of their suspicions and fears. A case by F. Knigge[2] belongs apparently to the same type as those described by K. Schneider. A young and healthy Hungarian girl, travelling by herself to Brazil, was suddenly overtaken in Hamburg by an acute paranoid excitement state, which cleared completely within 10 days.

According to those authors their cases represented immature and emotionally unstable individuals, though of average intelligence. In a sudden and unusual situation in alien surroundings, combined with a physical and mental strain and aggravated by language embarrassment, they responded with an *acute excitement state of short duration*. The *episodic character* of the mental derangement is, in the view of the authors, of particular diagnostic significance, differentiating these 'paranoid reactive states' from true 'paranoid processes' characterized by insidious development and chronic progression. However, Schneider, though all his cases were of this type, presumed that such reactions may also occur without such stormy development. Some of our cases may serve as an illustration to this theoretically foreseen possibility. The acuteness of the disorder, though of diagnostic value if present, is evidently not necessarily an obligatory condition. Of much more significance than the time factor is the psychopathological structure of the psychotic state and its obvious features as a genuine *psychogenic reaction*. In Jaspers' definition a 'genuine reaction' is one in which 'the thought content is in a comprehensible connexion with the primary causal experience and which could not occur without that experience, being in its further progress dependent on that experience and its connexions'. Although morbid in the exaggerations and conclusions, it remains well comprehensible in its origin as rooted in a personal experience and an almost specific situation, and in the consequences of its further development.

It is probably true that some degree of hypersensitivity of deficiency in self-reliance, or both, will often be in the make-up of persons prone to respond with a paranoid reaction under adequate pathogenic conditions. However, as evidenced in our instances, even a quite healthy and emotional-

[1] K. Schneider. 'Über primitiven Beziehungswahn', *Z. f. d. ges. Neur. u. Psychiat.*, 1930, vol. 127, page 725.
[2] F. Knigge. 'Ein Beitrag zur Frage des primitiven Beziehungswahnes', *Z. f. d. ges. Neur. u. Psychiat.*, 1935, vol. 153, page 622.

ly well-balanced individual, when subjected to unusual affective stress in a specifically difficult situation, may respond in the same morbid manner. In the usual interplay between constitutional susceptibility and a selective situation, the determining causal agent in these cases is rather the character of the make-up of the personality.

It is hard to say what is the primary disturbance, whether it is one of affect or of misconception regarding the attitude of the environment, since both are often closely intertwined from the start. Loneliness, external difficulties and social maladjustment will quite naturally bring on a depressive mood, which in turn will falsify perceptions and judgment. The difficulty of language was no doubt a point of great importance, but not the exclusive one. The sudden loss of their habitual companionship, the foreign surroundings with their incomprehensible atmosphere and habits, the change of occupation, the hazards of being on their own responsibility instead of being directed and cared for as before, all these various influences together were for many of them a too great emotional stress which, finding no relief by verbal expression or sympathetic consolation, broke through as a paranoid psychotic reaction.

In support of the correctness of the interpretation given, it can be stated that after 1949 mental disorders were no longer observed among Poles admitted to this hospital with psychotic disorders. After the first years had passed the difficulties of language were naturally overcome, and little by little they learned to understand their new community better and to adjust themselves satisfactorily to their new life.

CHAPTER IV

Psychosomatic and Allied Disorders[1]

by

LIBUSE TYHURST, M.D.

INTRODUCTION

The following is a preliminary statement based upon the psychiatric study during the past year and a half of displaced persons and immigrants in the area of Montreal. The paper offers a brief clinical description of the psychiatric findings in a group of 48 displaced persons who were seen as patients at the Psychiatric Institute, in the out-patient clinics and in the medical wards.

An auxiliary background study for evaluation of the common environmental problems and general reactions of this group was conducted with displaced persons in the community: over 70 'normals' were interviewed individually and in groups. Additional material has been obtained by interviewing, and in conferences with, personnel who are responsible for their care.

Following a brief presentation of methods and material, the clinical findings will be presented. This is followed by a discussion in which an attempt is made to interpret these findings in an outline of the psychosocial dynamics of immigration and displacement, with particular reference to the factor of social mobility and its two aspects—horizontal (which operates when an individual moves from one place to another) and vertical (when an individual moves from one social class to another).

MATERIAL AND METHOD

Of the patients seen, few were referred primarily as psychiatric problems. In the majority, difficulties in adjustment to work or bodily complaints of one sort or another for which no physical cause had been found were the reasons for referral. At the time of psychiatric examination each patient had had numerous examinations by outside physicians, or at out-patient departments, for somatic complaints. Most of them were in financial difficulties, either not working and staying in hostels, or at work but anxious

[1] Reprinted from the author's paper 'Displacement and Migration, a Study in Social Psychiatry', *American Journal of Psychiatry*, 1951, vol. 107, page 561, by kind permission of the editor.

Table 1. Distribution of 48 D.P. patients with respect to sex, age, intelligence, education and marital status

	Male	Female	Total
Sex	6	42	48
Age			
Under 20	2	2	4
20—30	3	22	25
30—40	1	15	16
40—50	0	3	3
Intelligence			
Superior	0	4	4
Average	5	34	39
Low average	1	4	5
Education			
University	0	3	3
Complete H.S.	0	9	9
Entered H.S.	2	18	20
Elementary	4	12	16
Marital Status			
Single	6	29	35
Married	0	7	7
Widowed	0	5	5
Separated	0	1	1

about losing a job. It should be noted that many actually lost their jobs as soon as complaints were made—this appearing, in some cases, to be the policy of the employer.

Various data with respect to the material are shown in Tables 1 to 3, and the following points may be added. In Table 1, the uneven distribution of sexes is due to the distribution of work by the Labour Office, whereby the females are placed in domestic service in the cities, and males are distributed to farms, logging camps, or industries in outlying areas. In Table 2, in summary, with respect to dependence, 38 of the patients could be considered as having been mainly dependent at the onset of war, and only 10 independent. All females but three were domestics; all males, labourers.

It is clear that the numbers are not large enough to allow any statistical deductions, and the study is based mainly upon the clinical evaluation of this group of patients, this clinical approach furnishing a necessary first step in the study.

The patients were seen in individual interviews, all of them several times, and the majority in psychotherapy—lasting in many cases for several months.

In the development of psychological reactions there appear to be two characteristic periods, as observed both in patients and 'normals'.

The initial period lasts about two months after arrival and presents the following characteristics. (a) There is a subjective sense of well-being, which may be described as 'euphoria' in some. (b) There is a tendency toward increased psychomotor activity, which may be looked upon as a primitive way of getting rid of the tension and anxiety concomitant with immigration and aroused by the situation of mobility, to be discussed below. It is interesting to note in this connexion the feeling of being freed from enforced idleness in the D.P. camps where they were awaiting permission and arrangements for immigration—some up to five years—'We couldn't do anything, just wait.' (c) The interest in the new environment is limited and directed towards the fulfilment of basic and immediate needs (food, sleep, mothering, reassurance, etc.). A patient states, 'I feel like a new-born baby. I want to be taken by the hand.' When this attitude persists, it may be looked upon either as withdrawal in the face of increasing difficulties, or as the inability to lose attitudes learned and carried over from previous war years, possibly on the basis of personal predisposition. (d) There is a tendency to ventilate war experiences and a gradually increasing bitterness that 'nobody can understand' or 'will not understand'.

The time perspective of this period is concerned with the immediate past rather than the present, the future, or the distant past—the orientation of the individual may be thus described as 'an attitude of escape'.

TABLE 2. Distribution of degree of dependency before the war occupation in Canada, and income in Canada, in group of 48 D.P. patients.

	Male	Female	Total
Degree of dependency before war			
Independent	2	8	10
Dependent			
On parents or husband	4	10	14
In school or training	4	20	24
Occupation in Canada			
Domestics	0	39	39
Labour	6	3	9
Income prior to onset of illness[1]			
$35 per month	0	34	34
Over $35 per month	5	8	13
Over $100 per month	1	0	1

[1] Thirteen without income at time of referral because discharged from work on account of illness.

TABLE 3. Showing distribution of D.P. patients with respect to cultural background, social class of parents and rural-urban origin.

	Male	Female	Total
Cultural background			
Balts	0	14	14
Polish	0	10	10
Ukrainian	3	7	10
Yugoslav	2	2	4
Hungarian	0	3	3
Czech	0	2	2
Slovak	0	2	2
German	0	1	1
Rumanian	0	1	1
Belgian	1	0	1
Social class of parents			
Upper middle and professional	1	11	12
Middle	1	14	15
Labouring	4	17	21
Urban	2	8	10
Rural	4	34	38

The second period may be called the 'period of psychological arrival'. In this period an appreciation of the current social situation gradually occurs while the individual becomes increasingly aware of the language difficulties, differences in custom and value, the separations, losses, etc. The time perspective of this period involves an increasing awareness of the present and especially the future. The further interesting development appears to be that the future may be rejected, often along with the present, and the individual is concerned principally with the distant past and childhood, which are retrospectively idealized. Returning to a 'happy past' is evident from the T.A.T. stories of all patients. This idealized retrospection may accentuate the actual loss of their home. In the second period the psychiatric reactions to be described tend to become obvious and reach their peak in about six months after arrival. It is of interest to note that this finding is in accordance with those of Meerloo[1] on displaced persons and prisoners of war in Europe, and Curle and Trist[2] on prisoners of war in England.

Psychiatric Categories

With respect to the psychiatric classification of these reactions the distribution of diagnoses is shown in Table 4. Ten patients are classified as psychotics, 38 as psychoneurotics. However, the nosological approach

[1] A. M. Meerloo. 'Problems of Displaced People' in *Aftermath of Peace*. New York, 1946.
[2] A. Curle and E. L. Trist. 'Transitional Communities and Social Reconnection', *Human Relations*, 1947, vol. 1, page 240.

Table 4. Distribution of diagnostic categories for a group of 48 displaced persons seen as patients.

	Male	Female	Total
Psychoses (total 10)			
Schizophrenia with paranoid trends	0	1	1
Manic-depressive	0	0	0
Organic with paranoid delusions	1	0	1
Psychopath with paranoid delusions	2	0	2
Paranoid reactions (delusional)	2	4	6
Psychoneuroses (total 38)			
Hysteria—conversion	0	1	1
Hysteria personality	0	12	12
Psychopathic personality	1	3	4
Mixed psychoneurosis—anxiety and depression	0	21	21

is not entirely satisfactory because of the character of symptomatology and the almost day-to-day variability of the clinical picture. The general descriptive approach is more useful for the purpose of discussion. In the following outline the most outstanding and typical data in the symptomatology are described without giving detail on individual cases, and three main trends may be distinguished: (a) suspiciousness and paranoid trends; (b) presence of anxiety and depression; and (c) somatic complaints.

First with respect to *suspiciousness* and *paranoid trends*, the data illustrate the similarities between the 'normal' and mild psychoneurotic and the severe psychoneurotic and the psychotic.

Many of the 'normals' showed varying degrees of suspiciousness and several recalled in casual conversation and in discussion groups having had, transitionally, the 'feeling that everyone is concerned about me or watching me'.

The definite suspiciousness of the psychoneurotics was obvious from their superficial conduct (refusal to tell names, give data in taking the history, etc.), their general attitudes and thinking. This suspiciousness varies from the most mild forms to the mildly paranoid. In some patients, the paranoid tends to have the character of obsessional thinking—'Whenever walking on the street I feel that people are watching me and laughing at me. I do not believe it but cannot get rid of the feeling.' At times one was given the impression of seeing the earliest stages of paranoid development[1] e.g. in a severely psychoneurotic boy who believed he was being spied upon by the Canadian authorities about Communism, with a marked

[1] 'One has the feeling of seeing the paranoid reactions in "status nascend".' 'I believe... that it is no more coincidence that in the treatment of refugees one is almost everywhere dealing with paranoid reactions, which apparently indicates that the severe social trauma—in and of itself—has a tendency to release paranoid reactions, regardless of the character structure involved' [61].

fluctuation of insight. The transitory character of these paranoid trends, the fluctuation of insight into them, their accessibility to more superficial psychotherapy, *and the less serious and intensive personality disturbance* associated with them, distinguishes psychoneurotic patients from those categorized as showing psychotic paranoid reactions.

In four of the six cases classified as paranoid reactions, delusions were discovered 'incidentally' when the patients were referred for their somatic complaints. Their delusional ideas were isolated; and, besides the paranoid content, their contact with reality was fairly adequate—none of them showed typical schizophrenic thinking either clinically or on psychological testing. As shown in Table 4, all psychotics manifested paranoid delusions and in fact the presence of such delusional content has been the principal basis for classifying them as psychotics (save for the case of organic psychosis based upon head injury with brain damage). The content of the paranoid delusions was directed mainly toward Canadian authorities or employers. *Males believed that they were being spied upon or suspected of Communism.* Females suspected that they were being spied upon, their property stolen, or that they were being prevented from getting married.

Anxiety and depression, which are present in each patient, are not readily admitted, although the signs are objectively evident. In general, anxiety was prevalent in the younger (under 35) patients, and in those who were more aggressive and rebellious. Two of the psychoneurotics and all the psychotics, showed severe anxiety, while in the remainder it could be described as mild. Depression was more commonly found in the older patients (over 35) and in all patients with hysterical personality features and those who showed attitudes of apathy and passivity. The depression states were always accompanied by anxiety. Although depressed, none of the patients showed typical retardation and there was a great deal of fluctuation in the *same patient from day to day with respect to the proportion of manifest* anxiety or depression. Only one patient was suicidal.

All patients had recurring dreams. Few reported having only pleasant ones (about home, childhood, parents, etc.). The majority had unpleasant, anxiety-laden dreams, waking up with choking, perspiration, palpitations, numbness, paralysed feelings, etc. The content of these dreams is about being attacked, many sexually (note the remarks on delusions of sexual assault by Frost);[1] going from place to place; being chased; choked; seeing their parents dead, in prison, etc. Some stated that their 'childhood nightmares had returned'. Few dream about Canada and if so the dreams are unpleasant—about language difficulties, failure at work, etc. Very few dream about their war experiences, and in those who do, such dreams are not persistent, usually lasting a short period after arrival. Prior to the *onset of the complaint problem there is usually an increase in the frequency* of dreams.

[1] I. Frost. 'Home-Sickness and Immigrant Psychoses', *J. Ment. Science*, 1938, vol. 84, page 801.

Also many of the normals reported occasional dreams of various types, including all the patterns described above.

All patients presented a large number of *somatic complaints*. They are preoccupied with these and reluctant to express or admit subjective feelings. This is seen in various degrees up to the individual who returns, with violent insistence, to his bodily symptoms and refuses to talk about himself in other terms than of the bodily sensations. All patients had been seen by at least one other physician previously and felt that their illness had not been understood. Some of them accused doctors of not showing any interest or having made them worse by treatment. All patients who had undergone a surgical operation stated that their complaints had not improved, had become worse or that others had developed since the operation. (Several patients had developed acute anxiety symptoms after being operated upon.)

Details of the somatic reactions have been discussed elsewhere.[1] The following generalizations, however, can be made:

1. The complaint problem tends to be expressed in terms of somatic complaints rather than subjective emotions or feelings. This emphasis upon somatic pattern may possibly reflect modes of expression carried over from their maternal cultures. Or again it may be that their previous experience during the war is of importance, where 'to fear' or 'to give up' was less important than 'to be sick in bed'. The crucial element is, of course, the characteristic intense self-preoccupation that has developed.
2. There is a typical pattern in the development and character of the somatic complaints. The initial complaints are fatigue, weakness, muscular or joint pain, disturbances of sleep and appetite.[2] On the basis of these initial symptoms, others usually develop and, in these, pain of one kind or another is the outstanding feature. In addition to the more longstanding somatic patterns, there are frequently signs and symptoms of manifest anxiety of a more acute nature. These include such physiological concomitants of anxiety as dry mouth, weak spells with fainting, nausea, trembling, shaking feelings, etc.
3. In this group there were no so-called 'psychosomatic diseases' such as peptic ulcer, ulcerative or mucous colitis, asthma, etc., save for one case of malignant hypertension.
4. There appeared to be a tendency to change somatic symptoms from one system to another.

The initial complaints of fatigue, muscular pain, and other tensional complaints are present also in the 'normals' where, however, they are of a transitory nature. It may be noted that this somatic pattern described is also typical of the chronic out-patient—usually immigrant—who has been

[1] L. Tyhurst. 'Somatic Symptoms in Displaced Persons.' Paper presented at a meeting of the psychiatric section of the Montreal Medico-Chirurgical Society, 1950.

[2] Frost (op. cit.) says 'loss of appetite, however, was the most grave of the vegetative signs, for it often led to the refusal of food'.

followed by many doctors over a long period of time without improvement. The similarity of the general psychosocial dynamics, in the cases of immigrants, is also striking.

On inquiry into the previous occurrence of these somatic complaints, the majority reported their development in Canada. No patient reported having had such symptoms under direct stresses during the war (prison, concentration camps, etc.), although a few had some complaints after the war had finished and prior to emigration. These patients stated that their symptoms had become very much worse, and that they had developed new ones, since coming to Canada. Typical remarks are: 'I do not understand why I did not have all these pains in Germany, when hungry, under bombs and in fear.' 'I ought to be happy here, I have been waiting for it so long. I am not hungry but I feel worse than ever before.' Some state that 'Canada is much worse than a concentration camp', which of course arouses hostility in others.

DISCUSSION

Turning next to a discussion of these findings, there are definite common patterns in the phenomena which these patients present. This consistency of symptom pattern, described above, would suggest that there are certain constant factors in the psychopathology.

With this in mind, there is a unique opportunity here to consider the interplay of two factors—the individual and the social. The point of view is taken that neither is necessarily of greater importance than the other in precipitating the illness or in determining its form. Both factors must be thoroughly grasped for an understanding of psychopathology, and for the treatment of the patient.

The main emphasis in this discussion is not upon individual personality factors (predisposition), which, as psychotherapy has made clear, are important.[1] The individual factors, on the whole, are little different from those with which psychiatrists are familiar—e.g., the importance of early sibling relationships, ambivalences and conflicts with respect to parent figures, broken homes and separations. Ruesch *et al.*[2] have pointed out the significance of early personality development, and particularly parental indentifications, in affecting integration into a new culture.

It is felt that it is primarily the social factors that account for the consistency in the symptom pattern and also that these in interaction with individual predisposition, give rise to entirely new forms of personality organization. The particular psychological and psychiatric implications of these social factors are the subject of this discussion.

[1] The psychotics, especially, show definite abnormalities and predisposition in their personal and family histories.

[2] J. Ruesch *et al.* 'Acculturation and Illness', *Psychological Monographs*, 1948, vol. 62, page 5.

Social mobility is the central social dynamic of the understanding of both the various determining factors and the reactions of migrants. It operates horizontally, as the individual moves from one culture to another, and vertically, as the individual moves from one social class to another. It is important to appreciate that the individual who moves from culture to culture or class to class is not only faced with the differences there will be in the content of the various value systems; there is also rather the crucial fact of change. Behind the psychodynamics of the migrant lie the psychological consequences of this process of change—in terms of increasing individualization, isolation, personal insecurity, the necessity for a reorientation of values together with an increased awareness of the relativity of previously stable values, all leading to failing communication, insecurity, and anxiety.

This may be illustrated by an outline of the patients' attitudes towards the present, the immediate past and the distant past. These attitudes constitute only one aspect of the underlying dynamics that are a consequence of social mobility.

In the present, uncertainty is typical of their opinions about their surroundings; it is also typical of their general feeling about themselves. This uncertainty is based not only upon the difference in the content of the value systems and the loss of 'know-how',[1] but also upon the increased awareness of the relativity of the previously stable values that mobility has undermined. It is clearly expressed in the following autobiographic statement: 'My greatest tragedy in life is that I always see the two opposite sides at the same time. What seems to me right one day seems all wrong the next. Not only that, but many things seem right and wrong at the same time.'[2]

The uncertainty about self and the environment is responsible for the feeling of general helplessness of the individual at this time. He tries to find an absolute answer either with an obsessional preoccupation with self—leading to somatic symptoms—or with the environment. The preoccupation with self also leads to an intense self-awareness with inferiority feelings and self-condamnation, which may fluctuate with paranoid projection. On the other hand, preoccupied with the environment, the individual may blame others for his frustrations, becoming more and more aggressive, and therefore more apt to be rejected so that a vicious circle may be established. Ruesch *et al.*[3] have also commented upon this: 'Vicious circle: acculturation—frustration—anger—hostility on the native's side—delayed acculturation—increased frustration—is one of the main reasons for the unhappiness of the migrant.'

It should be stated that the increased aggressiveness is not simply the

[1] J. Ruesch *et al.*, op. cit.
[2] Anzia Yesierska. *Children of Loneliness*, New York, 1923, as quoted by W. C. Smith, *Americans in the Making*, New York, 1939.
[3] op. cit., page 4.

result of frustration alone. It is a prime consequence of mobility, its attendant secularization of value and isolation. As Smith[1] says, 'With the breakdown of the old patterns of behaviour there is an ever-increasing development of individualization. When the traditions which control conduct fall into disrepute, the individual is thrown back upon his unschooled impulses. He tends to gratify his own wishes even at the expense of his fellows. Group consciousness gives way to egoistic attitudes.'

All patients manifest hostility to a greater or less degree. This is associated with both the feeling of helplessness and the various frustrations. The hostility is usually controlled, at least at first, and not manifest in behaviour save in clinical interviewing.

The presence of both hostility and helplessness leads to typical compound attitudes:

1. Rebelliousness, but with feeling of helplessness and associated with anxiety.
2. Apathetic helplessness, which seems to be the consequence of inhibition and in more severe form is associated with depression. The patient states, 'I do not think or feel, I just sleep, eat, and work, that's all.' Typically, one finds a fluctuation between these two compound attitudes in the same individual. This contributes to the amorphous and ambivalent state of mind and behaviour that is so often observed.
3. The third compound attitude tends to be a rather serious development; it is found in the apathetic individual who has developed marked attitudes of dependency and in whom total interest is focused upon the body and its sensations in a state of intense self-awareness. The patient insists vehemently that he has physical disease and manifests a primitive craving for affection that he is unable to return.

The immediate past—the war years—is omitted by patients presenting their history. Though it may be as much as 10 years spent away from their home and family in forced labour brigades, concentration camps under Nazis, or bombing and other war experiences. Patients refuse to talk about these things and state that they want to forget them. Details are given in a dry, descriptive fashion, with flat emotional tones. The time spent in displaced persons camps is felt to be the most difficult, and hunger and idleness there are stressed.

The pre-war period, and especially childhood, is retrospectively idealized. Mother may be described as 'Angel' or 'Madonna', father as 'the best, wisest man in the world'. Some patients have insight into this idealization and say, 'This is the way I would like them to be and therefore I think of them like this.' Some patients are depressed about their loss of home, and many are guilty about having left their parents. In this regard, some of the depressive reactions could be considered as delayed grief reactions, precipitated by feelings of guilt. However, in others, the reactive elements to the present

[1] W. C. Smith, *Americans in the Making*, New York, 1939.

situation are of more importance, having to do with the dynamics of frustration and hostility. The loss of home may be actual, or more imaginary resulting from the idealized retrospection. Many patients, especially during their adolescence, had wished to leave their homes at one time or another prior to the onset of war. Their removal to Germany did not arouse much guilt, as they were not responsible, but the decision to go to Canada, which they made voluntarily, brings back the old unconscious rebellion to the parents and thus arouses guilt.

This is a brief outline of the psychological consequences of mobility. I would like to point out, next, some of the important differences between the character of mobility in the displaced person as compared to the ordinary, pre-war immigrant. These differences exaggerate the consequences of mobility in the displaced person, making it a more severe psychological experience.

1. Motivation to emigrate. The usual immigrant has left his country of origin voluntarily, though possibly under economic pressure. On the other hand, the displaced person is an involuntary migrant who leaves his country for political, religious, or other enforced reasons. Thus the motivation of the displaced person to emigrate is negative rather than positive—he is oriented primarily in terms of leaving. This will naturally have an important bearing upon his attitude toward the country to which he immigrates.
2. The increased degree of vertical mobility. In comparison to the ordinary migrant who moves horizontally and retains his social status, the displaced person almost inevitably undergoes marked vertical mobility downwards on immigration. This is important only to a minor degree because of the humiliation that may be involved, for the D.P. is undergoing a more radical change. Vertical mobility from one social class to another represents a more severe displacement in Western culture than does horizontal mobility. As Mannheim has said, 'Vertical mobility is the decisive factor in making persons uncertain and sceptical of their traditional view of their world.'[1]
3. Whereas the ordinary immigrant usually undergoes only one incident of horizontal mobility, the displaced person has usually undergone either repeated horizontal and vertical mobility or the equivalent—occupation of his maternal culture by different cultural groups. An example of this last are the Balts, whose country was occupied in succession by the Russians, the Germans, and again the Russians. Such a situation will, understandably, further accentuate the psychological consequences of mobility as touched upon briefly above, particularly the acute awareness of the relativity of accepted norms.[2]
4. Destruction of, or crucial changes in, culture of origin. Associated with

[1] K. Mannheim, *Ideology and Utopia*. London, 1936.
[2] See Part Three, Chapter I—Editor.

the voluntary character of mobility in the usual immigrant, is the fact that he can always feel that he may return home. This does not mean only physical return. In the face of transition from one culture to another, the immigrant, who brought with him a stable system of values from his homeland, is more secure psychologically than the D.P. Settling usually in or near an ethnic colony, the immigrant may have the assistance of partially integrated countrymen who interpret the new culture to him and provide him with some orientation. The D.P. cannot return physically: and, in addition to this physical rootlessness, there is also the psychological rootlessness—the awareness that the social norme and values he believed in at home have been destroyed, whether or not he actually witnessed the destruction. The D.P.s, scattered across the country, tend not to relate themselves closely to the already established ethnic colonies. At the same time, because of their background, the distance between them and ordinary immigrants is almost as great as their distance from Canadians. It is interesting to note, with respect to the problem of physical and psychological rootlessness, that the author has observed several ordinary immigrants who have been confronted with the same psychological problem as the D.P., subsequent to a cultural revolution in their homeland.

The inability to return and the problem of home brings the question of nostalgia to our attention. J. Hoefer, as early as 1678, gave an excellent description of the psychological and physiological associated with homesickness—melancholia, insomnia, anorexia, weakness, anxiety, palpitations of the heart, smothering sensations, etc.[1] Frost's report is also concerned with the consequences of homesickness.

5. The displaced person's mobility has taken place under specially chaotic circumstances, which again further accentuate the severity of the experience from the point of view of value shift. 'In contradistinction to the gradual, orderly, and voluntary character of migration and mobility in normal times, catastrophes render these processes sudden, violent, chaotic, largely involuntary, and essentially tragic.'[2]
6. Exposure to severe stresses. All patients in this series and many of the 'normals' had been exposed to considerable stress, extending for some of them over a period of 10 years, and marked by repeated separate incidents of considerable severity. From this point of view, it is possible to interpret several of the patients' reactions as 'post-traumatic neuroses' occurring against the background of migration [61].

[1] Cited by W. McCann, 'Nostalgia, a Review of the Literature', *Psychol. Bull.*, 1941, vol. 38, page 165.
[2] P. A. Sorokin. *Man and Society in Calamity*. New York, 1943.

BIBLIOGRAPHY

Divided according to subject, with notes

The majority of papers referred to here are not easily accessible but have been included for use of the research student. For the convenience of the general reader articles suggested for further reading and fairly accessible are marked with an asterisk (*).

I. BIBLIOGRAPHIES[1]

1. MURPHY, H. B. M. *The mental health of refugees and transplanted people.* An analytical bibliography. London, World Fed. Mental Health, 1951 (cyclost.).
2. RUSSELL SAGE FOUNDATION. *Displaced persons—a bibliography.* New York, 1948.
3. U.S. CONGRESS. *The displaced persons analytical bibliography.* Washington, House Report No. 1687 of 1950.
4. WEINBERG, A. A. *The mental health od refugees.* A supplemental bibliography to No. 1 above.
5. WIENER LIBRARY. *Books on persecution, terror, and resistance in Germany.* Catalogue No. 1. London, 1949.

The above bibliographies deal more widely with questions of economic, sociological and general interest than the present one, which is mainly confined to items relating to psychology and mental health.

II. DEMOGRAPHY

6. CITROEN, H. A. *Les migrations internationales.* Paris, 1947.
7. GEIJERSTAM, Sven af. *Flyktingarna i Sverige* (Les réfugiés en Suède). Stockholm, 1951.
8. INSTITUT FÜR BESATZUNGSFRAGEN. *Das D. P. problem.* Tübingen, 1950.
9. INTERNATIONAL REFUGEE ORGANIZATION. *Statistical reports,* Geneva, 1947-51.

*10. KULISCHER, E. M. *Europe on the move.* Col. U.P., 1948.

*11. —. 'Displaced persons in the modern world', *Ann. Am. Ac. Pol. & Soc. Sci.* Febr. 1949, p. 166.

[1] See also bibliography of 163 references appended to No. 78.

12. Lestschinsky, J. *Crisis, catastrophy and survival, a Jewish balance sheet, 1914-1948.* New York, 1948.
13. Schechtman, G. B. *European population transfers, 1939-1945.* Oxford U.P., 1946.
*14. Simpson, Sir J. H. *The refugee question.* Oxford U.P., 1940.
15. United Nations. *Reports of the director, the UN Relief and Works Agency for Palestine Refugees in the Near East.* New York, 1950 etc.
16. —. *Report of the UN High Commissioner for Refugees.* 1952 etc.
17. Zeitschr. für Raumforschung. *Das Deutsche Flüchtlingsproblem.* 1951 (symposium).

III. CONCENTRATION AND INTERNMENT CAMP PSYCHOLOGY

18. Abel, Theodor. *The Sociology of the Concentration Camps.* Netherlands State Institute for War Documentation, 1950 (cyclost.).
19. Adelsberger, L. 'Psychologische Beobachtung im Konzentrationslager Auschwitz', *Schweiz. Zeitschr. Psych. Anwend.* 1947, *b.* 124.
*20. Bettelheim, B. 'Individual and mass behaviour in extreme situations', *J. Abn. & Soc. Psych.* 1942, *38*, 417.
21. —. 'Dynamism and antisemitism in Gentile and Jew', *J. Abn. & Soc. Psych.* 1947, *42*, 156.
22. Bloch, H. A. 'The personality of inmates of concentration camps', *Am. J. Sociol.* 1947, 52, 355.
23. Bluhm, H. O. 'How did they survive?', *Am. J. Psychother.* 1948, *2*, 3.
24. Bondy, C. 'Problems of internment camps', *J. Abn. & Soc. Psych.* 1942, *38*, 453.
25. Dembuyant, M. 'Remarques sur le moi dans la déportation', *J. Psych. Abn. & Path.* (Paris) 1946, *39*, 187.
26. Friedman, P. 'Can freedom be taught?', *Soc. Casework*, July 1948.
*27. —. 'Some aspects of concentration camp psychology', *Am. J. Psychiat.* 1949, 105, 601.
28. —. 'The road back for displaced persons', *Commentary* (New York), 1948, *6*, 502.
29. —. 'The effects of imprisonment', *Act. Med. Orient.* 1948, *7*, 162.
30. Jacobsen, I. 'Observations on the psychological effect of imprisonment on female political prisoners' in Eissler ed. *Searchlights on delinquency.* New York, 1949.
*31. Larsen, Hedwig, Hoffmeyer, H. *et. al.* 'Famine disease in German concentration camps', *Act. Neur. et Psychiat. Scand.* supp. 83, 1952.
32. Kautsky, B. 'Die Psychologische Situation des Konzentrationslager-Häftlings' in Pfister ed. *Die Psychohygiene.* Berne, 1949.
*33. Kogon, E. *Der SS-Stadt.* Dusseldorf, 1946.
34. —. *The theory and practice of hell.* New York, 1946. Modified translation of No. 33.
35. Korner, I. 'Psychological needs of the individual dissolving in the mass and the possibilities of clinical help', *J. Soc. Psych.* 1942, *16*, 143.
*36. Kral, V. A. 'Psychiatric observations under severe chronic stress', *Am. J. Psychiat.* 1951, *108*, 189.

37. Nirembderski, 'Psychological investigation of a group of internees at Belsen', *J. Ment. Sci.* 1946, *92*, 60.
38. Poynton, O., 'Some observations on the psychological and psychiatric problems encountered in a Singapore prison camp', *Med. J. Australia* 1947, *2*, 501.
39. Richet, C., 'Troubles neuropsychiatriques observées à Buchenwald', *Progr. Med.* 1946, *74*, 355.
40. Segal, E. 'Medico-psychological observations in a time of disaster', *Higena Ruhanit* 1947, *5*, 103. In Hebrew.
41. Zaleski, Z. L. *Experience psychologique et sociale des camps de concentration allemands.* Paris, 1946.

IV. D.P. CAMP PSYCHOLOGY[1]

42. Bakis, E. 'Contributions on the psychology of refugees', *Scholar* (Germany) 1948, vol. 22/3.
43. —. 'The so-called D.P. apathy of Germany's D.P. camps', *Trans. Kansas Ac. Sci.* March 1952.
*44. Fensterheim, H. and Birch, A. G. 'A case study of group ideology and individual adjustment', *J. Abn. & Soc. Psych.* 1950, *45*, 710.
45. McNeill, M. *By the rivers of Babylon.* London, 1950.
46. Robinson, P. 'The "D.P. disease"', *Act. Med. Orient.* 1947, *6*, 188.
47. Stern, H. 'Observations sur la psychologie collective dans les camps des "Personnes déplacées"', *Psyché* (Paris) 1948, *3*, 891.
48. Taylor, E. 'Selected excerpts from reports on D.P. camps in northern Germany, 1952'. Preparatory material for the World Federation of Mental Health fifth annual meeting, private circulation 1953.
*49. Tronchin James, R. N. 'Disordered society', *Brit. M. J.* 1950, *2*, 776.
50. Zaugg, O. 'Einige Erfahrungen über die Führung von Heimen und Lagern für kriegsbetroffene Menschen' in Pfister ed. *Die Psychohygiene.* Berne, 1949.

V. REFUGEE PSYCHOLOGY—ADULT

*51. Allport, C. W. and Jandorf. 'Personality under social catastrophy', *Character & Personality*, 1941, *10*, 1. Reprinted in *Personality in nature, society and culture*, New York, Kluckhohn & Murray, 1948.
52. Boder, D. P. 'The displaced people of Europe', *Illinois Tech. Engineer* 1947, 3.
53. —. *I did not interview the dead.* Chicago, 1949.
54. Cirtautas, C. K. *Porträt des Heimatlosen.* Coburg, 1950.
55. Dacie, A. *Yugoslav refugees in Italy.* London, 1946.
56. Grigier, T. 'Displaced persons; a study in social and criminal psychology'. Thesis, London School of Economics, 1950.
57. Gruenberger, F. 'The Jewish refugees in Shanghai', *Jew. Soc. Studies* 1950, *12*, 329.
58. Hicklin, M. 'Influence du déplacement sur l'équilibre psychologique' in *Personnes déplacées.* Paris, Ed. Chemin du Monde, 1947.

[1] See also Nos. 26-9, 68.

59. Hoffmeyer, H. 'Flykingklintelets Psykopatologi'. Paper read to the Swedish Medical Association, Stockholm, 1945.
60. Lang, T. 'Erste Ergebnisse psychiatrisch-biologischer Untersuchungen an Jüdischen Flüchtlingen', *Bull. Schweiz. Ak. Med. Wiss.* 1946, *2*, 102.
61. Pedersen, S. 'Psychopathological reactions to extreme social displacements', *Psychoan. Rev.* 1949, *36*, 344.
62. —. 'Fall 13. Legal Abort', *All Världens Berättere* (Stockholm) 1951, *7*, 789.
63. Pfeil, E. *Der Flüchtling*. Hamburg, 1949.
64. Pfister, M. 'Vorläufige Mitteilung über psychologische Untersuschungen an Flüchtlingen' *Bull. Schweiz. Ak. Med. Wiss.* 1946, *2*, 102.
*65. —. 'Massenpsychologische und psychohygienische Probleme in der Flüchtlingsbetreuung', *Schweiz. Med. Wschr.* 1948, *78*, 755.
66. —. 'Zur Psychologie des Flüchtlings', *Gesund. u. Wohlf.* 1949, p. 552.
67. —. 'Psychohygiene und Psychotherapie bei der Flüchtlingsbetreuung' in Pfister ed. *Die Psychohygiene*. Berne, 1949.
*68. Pfister, M. 'Psychologische Erfahrungen mit sowjetrussischen Flüchtlingen' in Pfister ed. *Die Psychohygiene*. Berne, 1949.
69. —. 'Das Problem der Entwurzelung', *Schweiz. Med. Wschr.* 1950, *80*, 151.
70. —. 'Zur Psychopathologie der Entwurzelung', *Bull. Schweiz. Ak. Med. Wiss.* 1952, *8*, 338.
71. Prins, S. A. 'Psychological aspects of an escape from occupied territory', *Br. J. Med. Psychol.* 1947, *21*, 30.
72. Rickman, J. ed. *Psychological problems of displaced persons*. Report of an UNRRA consultative committee. Germany, 1945.
73. Rodd, P. 'The psychology of refugees', *Horizon* (London), Nov. 1944.
74. Saenger, G. 'The psychology of the refugee', *Contemp. Jew. Record* 1940, *III*, 264.
75. Schelsky, H. 'Die Flüchtlingsfamilie'. *Kölner Zeitschr. Soziol.* 1950, *3*, 2.
76. Segalman, A. 'The psychology of the Jewish displaced person', *Jew. Soc. Ser. Quart.* 1947, *23*, 361.

VI. REFUGEE PSYCHOLOGY—CHILD

77. Althoff, B. 'Observations on the psychology of children in a D.P. camp', *J. Soc. Casework.* Jan. 1948, p. 17.
78. Benashewski, I. 'The spirit of the times, and childhood', *Opakim* 1948, *5*, 24.
79. Boemke, E. S. 'Aus einem Flüchtlingsleben', *Int. Zeitschr. Indiv. Psych.* 1948, *17*, 179.
80. Fried, R. and Lissance. 'The dilemmas of German youth', *J. Abn. Soc. Psych.* 1949, *44*, 53.
*81. Hicklin, M. *War damaged children*. London, Ass. Psychiat. Soc. Workers, N.D.
*82. International Union for Child Welfare. 'Displaced, refugee and migrant children', *Int. Child. Welf. Rev.* 1951, *5*, 51.
83. International Union for Child Welfare. 'The psychological, educational and social adjustment of refugee and displaced children.' Report made for Unesco. 1952 (cyclost.).

84. JOACHIMS, J. and DOERKS, O. 'Harmful effects of flight from home on nurslings', *Deutsch. Med. Wschr.* 1946, *71*, 174.
85. KIELSON, H. 'Zur Psychologie der Jüdischen Kriegswaisen' in Pfister ed. *Die Psychohygiene*. Berne, 1949.
86. KIESERITSKY, I. 'Psychological and vocational problems of young refugees', *Internat. Child Welf. Rev.* 1952, *6*, 1.
87. LOOSLI-USTERI, M. 'La vie psychique des enfants déracinés', *Rev. Internat. de l'enfant* 1946, *10*, 7.
*88. MACARDLE, D. M. *Children of Europe*. London, 1950.
89. MINKOWSKI and FUSZWERK. 'Le test de Rorschach chez les enfants juifs victimes des lois raciales', *Schweiz. Arch. Neur. & Psychiat.* 1948, *61*, 407.
90. MULLER, K. V. 'Die seelische Schädigung des Flüchtlingskindes als soziologisches Problem', *Volksgesundheitsdienst*. 1951, *4*.
91. NAJER, A. 'Psychologie de l'enfance dans les "Camps d'attente" en Allemagne', *Enfance* 1950, *3*, 168.
92. PEDERSEN, S. 'Lengselen etter Trygget', Norsk Pedagog. Tidskr. 1948, 7, 1.
93. PINSKY, L. *et. al.* 'The effects of war on displaced children.' Unpublished material in the World Fed. Ment. Health files, summarized in Part Two, Chapter I of this volume.
94. PFISTER, M. 'Erfahrungen bei kriegsgeschädigten jugendlichen Flüchtlingen und Rückwanderern', *Gesund. u. Wohlf.* 1948, p. 51.
*95. S.E.P.E.G. 'Entwurzelte Jugend—Beiträge aus dem Mitarbeiterkreise der S.E.P.E.G.', *Rev. Suisse de Psych.* 1950, *9*, 3.
96. STERBA, E. 'Emotional problems of displaced children', *Soc. Casework* 1949, p. 179.
97. SUTRO, N. *Jugend auf der Flucht, 1933-1948*. Zürich, 1952.
98. TENENBAUM, B. *One of a city and two of a family*. Tel-Aviv, 1947 (in Hebrew).
99. TULCHIN and LEVY. 'Rorschach test differences in a group of Spanish and English refugee children', *Am. J. Orthopsychiat.* 1945, *46*, 361.
*100. UNESCO. *L'enfance vagabonde*. Publication 643, 1950.

VII. RESETTLEMENT PROBLEMS

101. ALT, Herschel. 'Indications for mental health planning for children in Israel', *Am. J. Orthopsychiat.* 1951, *21*, 105.
102. BADILLO-DEFECHE, A. 'Observations sur l'adaptation familiale et sociale des enfants espagnols accueillis dans les familles liégeoises de 1936 à 1939.' Liège, École provinciale de service social, 1950 (cyclost.).
103. BERL, F. and SHERMAN, S. 'Supplementary casework by group methods', *Jew. Soc. Serv. Q.* 1947, *24*, 200.
104. BERL, F. 'The adjustment of displaced persons', *Jew. Soc. Ser. Q.* 1948, *24*, 254.
105. —. 'The immigrant situation as a focus in the helping process', *Jew. Soc. Ser. Q.* 1950, *26*, 377.
106. CEUTERICK, C. 'Quelques observations sur l'adaptation d'une centaine de familles étrangères dans le Borinage.' Mons, École de Service Social, 1951 (cyclost).
107. CLARK, E. W. 'The challenge of transplanted people for casework', *Soc. Casework* 1948, p. 14.

*108. DAVIE, M. *Refugees in America.* New York, 1947.
*109. EISENSTADT, S. N. 'Delinquent group-formation among immigrant youth', *Br. J. Delinquency* 1951, *2*, 34.
110. —. 'The process of absorption of new immigrants in Israel', *Hum. Rel.* 1952, *5*, 223.
111. —. 'Institutionalisation of immigrant behaviour', *Hum. Rel.* 1952, *5*, 373.
*112. FRANKEL, B. and MICHAELS, R. 'A changing focus in work with young unattached D.P.s', *Jew. Soc. Ser. Q.* 1951, *27*, 321.
*113. FRANKENSTEIN, C. ed. *Child care in Israel.* Jerusalem, 1950.
114. GAERTNER, M. L. *et al.* 'Observations of a group of psychiatric social workers on three groups of migrants.' Preparatory material for the Second World Health Assembly, 1949.
*115. GESSAIN, R. and DORÉ, M. 'Facteurs comparés d'assimilation chez des Russes et des Arméniens', *Population* (Pairs) 1946, *1*, 99.
116. HANDEL, A. F. and GLASSER, M .F. 'Social planning for new Americans', *Soc. Casework* 1948, p. 14.
117. HAYES, I. S. 'A comparative study of some groups serving D.P.s in Detroit'. Wayne Univ. thesis, 1951.
118. HECKMAN, G. A. 'German D.P.s as clients of a social agency', *Smith Coll. Stud.* 1949, *19*, 30. Thesis abstract.
119. ISAAC, J. 'Problems of cultural assimilation arising from population transfers in Western Germany' in *Cultural assimilation of immigrants.* London, 1950.
120. KAGE, J. 'Ego-supportive therapy with displaced persons', *Soc. Casework* 1950, *31*, 65.
121. KOLAJA, J. 'A sociological note on the Czechoslovak anti-Communist refugee', *Am. J. Sociol.* 1952, *68*, 289.
122. KRAFFT-BONNARD, A. L'exilé arménien. Geneva, 1926.
123. KRAUS, H. 'The newcomer's orientation to the American community', *Soc. Casework* 1948, p. 9.
124. LAHEY, W. and LORENZ. 'Die deutschen Flüchtlinge in Westdeutschland und das Problem ihrer Eingliederung.' Paper read at the International Sociological Congress, Zürich, 1950.
125. MARANDI, R. 'Accommodation & assimilation', *Sona* (Stockholm) 1949, *4*. In Estonian.
126. MERENDI, H. 'The Estonian refugee assimilation problem in Sweden', *Svio-Estonica* 1952, *11*, 55. In Swedish.
127. MEYEROWITZ, H. 'Casework service for adolescent newcomers', *Jew. Soc. Ser. Q.* 1947, *24*, 136.
128. MORNEL, S. S. 'A social agency appraises its work with refugees' in Taft ed. *Family casework.* U. Pennsylv. 1944.
129. MURPHY, H. B. M. 'The resettlement of Jewish refugees in Israel', *Pop. studies* 1951, *5*, 153.
130. —. 'The assimilation of the refugee immigrants in Australia', *Pop. Studies* 1952, *5*, 179.
131. —. 'Assimilating the displaced person', *Australian Q.* 1952, *24*, 46.
132. —. 'Practical measures for refugee mental health in Britain', *Bull. World Fed. Ment. Health* 1952, *4*, 198.
133. MUSTEIKIS, A. 'The acculturation of refugees.' Univ. of New York thesis, 1952.

134. 'The education and assimilation of immigrants in Australia', a symposium, *New Era* (London) Feb. 1951.
135. Pfeil, E. *Fünf Jahre später*. Frankfurt, 1951.
136. Pfister, M. 'Psychotherapie bei der Flüchtlingsbetreuung', *Psyche* (Heidelberg) 1949, *3*, 636.
137. Portnoy, D. S. 'The adolescent immigrant', *Jew. Soc. Ser. Q.* 1948 *25*, 268.
138. Price M. H. and Goldstein, G. 'Discussion on adolescent refugees', *Jew. Soc. Ser. Q.* 1947, *24*, p. 147, 150.
139. Raitasuo, K. and Jyrkila, V. 'The psychological, educational and social adjustment of displaced children and youth in Finland.' Union of Finland for Child Welfare, N.D. (cyclost.).
140. Rawley, C. 'The adjustment of the Jewish displaced person', *Soc. Casework* 1948, p. 316.
141. Rothseid, D. 'The requests of refugees and how they are met', *Smith Coll. Studies* 1946, *17*, 146. Thesis abstract.
142. Russack, M. 'Helping the new immigrant to achieve his own beginning in the United States', *Jew. Soc. Ser. Q.* 1949, *26*, 239.
143. Shapiro, S. and Berman, I. 'Psychological problems met in counselling and placement of refugees', *Jew. Soc. Ser. Q.* 1949, *26*, 277.
144. Sherman, S. N. 'Differentials in casework with newcomers', *Jew. Soc. Ser. Q.* 1948, *25*.
145. Spaulding, R. G. 'Techniques in casework with displaced persons', *Soc. Casework* 1950, *31*, 70.
146. Stadulis, E. 'Resettlement of displaced persons in the United Kingdom', *Pop. Studies* 1952, *5*, 207.
147. Beth Israel Hospital, Boston, U.S.A. 'Psychiatric and psychosomatic conditions in former concentration camp inmates', *Bull. World Fed. Mental Health* 1951, *3*, 229.
148. Taft, R. 'The shared frame of reference concept applied to the assimilation of immigrants', *Hum. Rel.* 1953, *6*, 45.
149. Taft R. and Bownes, A. F. 'The frames of reference used by immigrant and Australian children in mutual judgments.' Univ. of West Australia Research Report.
150. Tchekaloff, N. *Cultural factors in social work with foreign-born clients.* Los Angeles, 1947.
151. Tyhurst, L. 'Displacement and migration', *Am. J. Psychiat.* 1951, *107*, 561.
*152. United States Congress. *Reports of the United States D.P. Commission, 1949-1952.* Washington.
153. Waris, H. and Siipi, J. 'Resettlement of displaced persons in Finnish society', *Unitas* (Helsinki) 1951. In English.
154. Weinberg, A. A. 'Psychological problems in the adaptation of newcomers', *Harefuah* 1950, *38*, 344. In Hebrew.

EDUARD BAKIS, PH.D. was lecturer in industrial psychology at the Estonian State University at Tartu before the war. In 1944 he became a refugee to Germany and lived in various D.P. camps until 1950 when he was able to emigrate to the U.S.A. During his period in the camps he acted as lecturer in psychology at the Baltic University-in-Exile at Pinneberg, near Hamburg, and conducted the investigations on which his chapter here is based. He is now Professor of Psychology at Sterling College, Kansas.

He has published several papers on D.P. psychology and is still working on the subject. He is also studying directly refugee reactions to resettlement and although happily settled in his new country continues to take an active interest in Estonian affairs. He is married and has three children.

MAUD BÜLBRING, PH.D. was born in Holland and is now living in Oxford, England. Immediately after the war she joined the UNRRA Displaced Persons Division and worked in Germany and Austria with that organization and with the IRO until 1950. When the IRO sponsored the British Council for Aid to Refugees and gave that body some funds with which to do some research, Dr. Bulbring, who had meantime decided to leave her old work and to devote herself to refugee relief as far as she could, was asked to undertake an investigation of the refugee resettlement situation in Britain. This she did, and Part Three, Chapter III summarizes some of her results. She is now working for the World Council of Churches, investigating on their behalf cases who apply for re-emigration. She has recently made a visit to a number of ex-D.P.s and D.P. relief bodies in Canada and the U.S.A. to see how cases she has known have fared there.

ELIZABETH NAGY is a demographic research worker with the U.S. Department of Commerce. In 1950 she went to Britain on a Fulbright Scholarship to study refugee resettlement there under Professor Glass of the London School of Economics. Her Lithuanian ancestry (several generations back) enabled her to make good contact with the E.V.Ws, and the first results of her work were published in *Population Studies* in 1952. Although American herself, she has close personal knowledge of refugee conditions through her husband, who was one. She has one child.

MIRIAM L. GAERTNER, M.SC. is in the department of social studies at Tulane University, New Orleans, U.S.A. Prior to taking up her present post she worked as social worker and casework field director in New York, mainly with the Veterans Administration. It was there that she made a study of the contrasting behaviour

patterns of three groups of immigrants—the Puerto Ricans, the Southern Negroes, and the European refugees—and became chairman of a psychiatric social worker study group on the adjustment of immigrants. Her present chapter is based mainly on her own experience, but also on the report which that study group made to the 1948 International Congress on Mental Health.

F. F. KINO, M.D. graduated at Basle in 1909. He came to Britain just before the war, and worked in Middlewood Hospital, Sheffield, where he made the observations on which his paper was based. He died shortly after his paper was first published, and it has been impossible to trace any more information about him.

H. B. M. MURPHY, M.B., D.P.H. first became interested in refugees during the war, through work with partisan groups in Italy and Greece. On discharge from the forces at the end of 1945 he joined UNRRA as a medical supervisor and while waiting for posting sought to gain some knowledge on the handling of refugee mental problems. Occupied in medical administration first with UNRRA and then with the IRO he found little chance to use the knowledge he had acquired, and in 1950 resigned his administrative post in order to undertake research in refugee psychology and resettlement. With the aid of the Jewish Agency and of the IRO he visited Israel and Australia to investigate resettlement conditions, and he also represented the IRO at the 1950 International Mental Health Conference in Paris. Since then he has continued to study refugee problems and to press for their fuller investigation. He is at present with the University of Malaya, Singapore, studying the mental health of Asian students, but is still continuing his interest in refugee affairs.

STEFI PEDERSEN was an educational psychologist and psychotherapist in Norway when the war broke out. She fled to Sweden and has since settled in Stockholm, where she practises as a psychoanalyst. Her interest in refugees dates back to 1936, when she tried to assist some Jewish colleagues to escape from Germany and Austria, and throughout the war she continued to take a special interest in refugee cases, who were sometimes sent her by the authorities. She has written several papers on psychoanalytical topics, including two on refugee problems.

MARIA PFISTER-AMMENDE, M.D. is a member of the Swiss National Committee on Mental Health, a member of the International Psychoanalytical Association, and a member of the Zürich University Psychotherapeutic Institute. In 1944, when she was practising as psychiatrist and as Freudian psychoanalyst, her name was suggested by Professor C. G. Jung for the task of investigating refugee mental health under the auspices of the Swiss Academy of Medical Sciences. For four years she was director of the Refugee Psychotherapeutic Service, as she describes in her chapter, and made very good use of this time both to study and to help her charges. Because of the special research function of her post she acquired a very intensive knowledge of the refugees in Switzerland, and has published more on this subject than anyone else. At present she is still working on the material accumulated during these years, but the complete analysis of her results is now being hampered for lack of funds.

LOUISE PINSKY received her early training in Europe but her social worker training in the U.S.A. After the war she was regional child welfare officer with UNRRA and later team director at a centre for infiltree children, during which period she gathered

the experience on which her chapter is mainly based. In 1947, in New York, she became chairman of a psychiatric social worker study group on refugee children, and wrote up their findings for the 1948 International Congress on Mental Health. She continued to add to her experiences of refugees when she became head of the intake division of the National Refugee Service, and is now affiliated with a hospital for mental diseases under the auspices of the Federation of Jewish Philanthropies. She has published two papers on refugee children.

SAL. A. PRINS, M.D. is at present staff psychiatrist at the State Mental Hospital, Blackfoot, Idaho, and a naturalized American citizen. His earlier life is described by himself in Part I, Chapter I. Dr. Prins reached England in July 1942 and there joined the Free Dutch Forces, with whom he served until he left for the U.S.A. in 1947. During his stay in England he studied psychiatry and psychoanalysis, as he had always wished to do, and added to his practical experience in the U.S. His letters show him to be very happy and energetic in his work and life today. He has remarried and has three children.

ESTHER RYSSDAL, B.SC. received her general education in Oslo and her social work training in New York. In 1949 she returned to Norway and worked with a Jewish child refugee colony until August 1950 when she visited Israel to see how her former charges were faring. From January to December 1951 she was social worker at the Europahjelpen Home for Blind Refugees, regarding whom she writes here. Since then she has returned to New York and is at present working as caseworker there.

HENRI STERN, M.D. was practising psychiatry in Paris when he was invited by Jewish relief organizations to visit Jewish D.P. camps in the British Zone of Germany, to advise them on mental health there. His initial findings are described in his chapter, but unfortunately he died before he could make further use of his undoubtedly valuable experience.

LIBUSE TYHURST, M.D. has been studying problems of immigration and displacement in Canada since 1948, concerning herself mainly with pathological reactions in patients whom she saw in the course of her work at the Allen Memorial Institute of Psychiatry and the Royal Memorial Hospital in Montreal. Her official work, both at that time and later, when she took part in a socio-psychiatric research project in Halifax, Nova Scotia, has been too heavy for her to be able to pursue the refugee question as she would have wished, and unfortunately she could not find time to write up the additional experience of this field which she has gathered since her paper here was first published. She is now finished with her Halifax work, and it is hoped that she will find more time for resuming her refugee studies.

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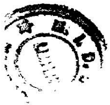
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